

EMPLOYMENT APPLICATION FORM



Please return this form to:

**Countrymans Choice
Luson Farm
Ivybridge, PL21 9JZ**

POSITION APPLIED FOR REFERENCE NUMBER:

PERSONAL DETAILS

Surname Mr / Ms / Mrs / Miss

Forenames Any previous surname/s

Address

..... Postcode

Telephone Numbers (Home) (Work).....

Date of Birth Age

National Insurance Number

EDUCATION, TRAINING & QUALIFICATIONS

Beginning with most recent events, please give details of your education, training and qualifications.

Details of school / college / university / training course etc. attended	From	To	Qualifications gained (state subject, level and year obtained)

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYMENT

Name and Address of Employer
..... Postcode
Employed (from) (to)
Please describe your main duties and responsibilities
.....
.....
Reason for leaving Salary at leaving date

PREVIOUS EMPLOYMENT (OVER THE LAST 10 YEARS) - please continue on a separate sheet if necessary

Name and Address of Employer
..... Postcode
Employed (from) (to)
Please describe your main duties and responsibilities
.....
Reason for leaving Salary at leaving date

Name and Address of Employer
..... Postcode
Employed (from) (to)
Please describe your main duties and responsibilities
.....
Reason for leaving Salary at leaving date

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..... Postcode
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Please describe your main duties and responsibilities
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Reason for leaving Salary at leaving date

DISABILITY DISCRIMINATION ACT 1995

Is your ability to perform the particular job that you have applied for limited in any way? YES / NO
If YES, please state how we can overcome this

REHABILITATION OF OFFENDERS ACT

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders act 1974? YES / NO
If YES please provide details

ASYLUM & IMMIGRATION ACT 1996

Do you have evidence of your entitlement to live and work in the UK? YES / NO

If your application is successful, you will be asked to produce this evidence (e.g. British citizen Passport, Birth certificate etc).

OTHER INFORMATION

Do you have a current driving licence? YES / NO

Is it clean? YES / NO If NO, please give details

Pay expected for this position £..... per hour /annum* (*please delete as applicable)

If offered this position, would you continue to work in any other capacity YES / NO

If YES, please give details of employer and hours worked

We are required to take all reasonable steps to ensure that workers do not exceed an average of 48 hours of weekly working time. If this is the case, we will discuss this with you at interview.

Have you worked for us previously? YES / NO

If YES, please state when and in what capacity

On what date would you be available for work?

How did you learn about this post?

Are you related to any member of staff working within Countrymans Choice Ltd? YES / NO

If YES, please give details

Would you work full time? YES / NO If NO, please state preferred days/hours.....

REFERENCES

Please give the names and addresses of two referees, ideally your current and most recent employers. Neither referee should be a relative. **NB. Referees will automatically be approached if you are shortlisted for interview, unless you specifically indicate otherwise here.**

Name Mr / Ms / Mrs / Miss

Position/Capacity in which you know this person

Address

.....Postcode

Telephone Number

Name Mr / Ms / Mrs / Miss

Position/Capacity in which you know this person

Address

.....Postcode

Telephone Number

MEDICAL QUESTIONNAIRE

Please tick in appropriate boxes and give details if any of the following applies:

During the last three years have you suffered from:	Yes	No	Please give details including information about any medication or treatment you are currently receiving
Heart disease?			
High blood pressure?			
Diabetes?			
Epilepsy / Fits?			
Back complaint?			
Ear disorder?			
Eye disorder?			
Skin disease or allergy?			
Anxiety / depression or any nervous problem requiring treatment?			
Arthritis?			
Stomach / Intestinal complaint?			
Chest or lung complaint or asthma?			
Have you been inoculated against Tetanus? YES / NO			If YES, when is your next booster due? / /

How many days sickness absence from work have you taken in the last 12 months?.....
 Please give details

EQUAL OPPORTUNITIES

In order to comply with the recommendations of the Commission of Racial Equality and to help the Garden & Leisure Group ensure that its Equal Opportunity Policy is upheld, please identify your ethnic origin by ticking the appropriate box.

Black African White Black Caribbean Pakistani
 Bangladeshi Indian Chinese Irish
 Black Other - please specify Other - please specify

DECLARATION BY APPLICANT - Please read this section carefully before signing

1. I declare that the statements I have made on this application form are, to the best of my knowledge, true and complete. I understand that the Company reserves the right to withdraw any offer of employment or to terminate any employment already commenced, if the information given by me is inaccurate or misleading in any way.
2. I understand that my employment is subject to the receipt of satisfactory references if an offer of employment is made and accepted.
3. I agree to undergo a medical examination should this be considered necessary.
4. I hereby give Countrymans Choice permission to take up references with my current and previous employers and other referees I may nominate.
5. I agree that my normal hours of work may be extended according to the needs of the business e.g. Christmas, stocktaking, sales periods, late nights, year end etc.
6. I agree that the Company may alter the location / department in which I am employed.

Signature Date

If you wish, you may attach a supporting letter giving details of your experience and why you think you should be considered for this post.