

Crown Garden Centre & Nursery
 Doncaster Road, Whitley,
 North Yorkshire, DN14 0JW
 Email: info@crowngardencentre.co.uk
 Tel. 01977 661643
 Fax. 01977 663693



Post Applied for:	Available Start Date:
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Crown Garden Centre Job Application Form

It is important that you read the job description before completing this application form. Please complete this form fully using black ink or type. **CVs are not accepted.** Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Surname:	First Name:	Title:
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Address:

Postcode:

Home Telephone N ^o :	National Insurance N ^o :						
	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 0 5px;">Letters</td> <td style="text-align: center; padding: 0 5px;">Numbers</td> <td style="text-align: center; padding: 0 5px;">Letter</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Letters	Numbers	Letter			
Letters	Numbers	Letter					

Daytime Telephone N ^o :

Mobile Telephone N ^o :

E-mail address:

Can we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you free to remain and take up employment in the UK with no current immigration restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Driving Licence – we are in a semi rural position transport will be required to get work. Do you hold a full, clean driving license valid in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have any holiday commitments? (If Yes please give details:)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are there any days you are NOT available to work during the week?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 3 Previous Employment

Previous Employment (most recent employer first).

Name of Employer:			
Address:			
		Postcode	

Position Held:			
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Summary of duties:			

Start Date:		Finish Date:	
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Reason for leaving:			

Name of Employer:			
Address:			
		Postcode	

Position Held:			
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Summary of duties:			

Start Date:		Finish Date:	
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Reason for leaving:			

SECTION 3 - PREVIOUS EMPLOYMENT CONTINUED

Name of Employer:	
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Address:	
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		Postcode	
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Position Held:	
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Summary of duties:	
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Start Date:		Finish Date:	
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Reason for leaving:	
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Name of Employer:	
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Address:	
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		Postcode	
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Position Held:	
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Summary of duties:	
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Start Date:		Finish Date:	
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Reason for leaving:	
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Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Health

Do you have an illness, disability, or health condition that may affect your ability to work?

Yes

No

If yes, please give details:

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Do you smoke?

Yes

No

Please give information on number of day's sickness absence and over how many occasions this occurred.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

