



EMPLOYMENT APPLICATION FORM

Please complete all sections in BLOCK CAPITALS and in your own handwriting.

What position are you applying for :-		Official Use
Mr/Mrs/Miss/Other	Surname:-	Date Received
Forename:-	Preferred Name:-	
Sex:- Male Female	Date Of Birth:-	
Address:-		
	Postcode:-	
Tel No:-	Mobile No:-	
E-Mail :-		
Nationality:-	N.I. No:-	
Current Driving Licence Y/N	Details of any	All Sections Complete
Group:- Expiry Date:-	Endorsements:-	Yes / No
Are you eligible to work in the UK (Evidence required):-		
What is your current salary or hourly rate of pay (Evidence required):-		
How did you hear about this position:-		Is there a photo attached
How much notice does your current employer require:-		
When are you available for an interview during the week:-		
How many days absence have you had in the last 24 months:-		
If you answer Yes to any of the following questions, please attach full details.		Y/N
Have you ever been convicted for a criminal offence spent or current?		Yes / No
Do you smoke?		
Do you have any disability or health condition, including stress, depression or allergies?		Have they given references
Do you require any special modifications of equipment in the workplace?		
Have you had any illness (within the last 12 months) or are you currently under medical treatment?		Yes / No
Have you any back problems or suffered any injury/operation which might affect your ability to carry out manual handling tasks?		Police Check Received
Would you object, if asked, to having a medical examination?		
Do you object to wearing and observing our dress code including a name badge?		Yes / No
Do you have any holiday commitments?		

Please indicate below approximate details of your availability to work. Most vacancies require you to work either a Saturday or Sunday

Available to Work (Y)									Restricted Days (X)											
Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM	EVE	AM	PM		AM	PM	

Please note all sections must be completed in order to process your application. If required, supply further information on a separate piece of paper and attach to this application form.

Education

Please attach a recent photograph here of yourself. Applications without a photo will not be processed	Name of School or College	Qualifications and Grades

Do you hold any public service position i.e A Magistrate or a member of the Territorial Army or Ex-Service person still on recall duty?

Qualifications

List any other qualifications you have i.e. Food Hygiene Certificate, First aid at Work etc

Previous Employment

Starting with your most recent employment, give details of			
Employers Name & Address	Job Title	Reason for Leaving	Main Duties

Hobbies & Interests

Give details of hobbies, pastimes & any other responsibilities or offices held

Referees

Give the name and daytime telephone number of two referees, one of which must be your present or last employer or tutor from whom we can obtain both character and work experience reference.	
Do you know any-one who is currently employed by Langlands Garden Centre? Y /N	
If Yes what is the person's name?	

I hereby declare that the statements contained in this form are, to the best of my knowledge, true and complete in every respect, and that no material facts have been withheld, misrepresented or suppressed and has been completed by me.

Usual Signature _____ Date:- _____
 Return by post or deliver to Langlands Garden Centre, York Road, Shiptonthorpe, York, YO43 3PN