

For Office Use Only:
Candidate Number:



EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

An Equal Opportunities Employer

POST TITLE:	
PERSONAL DETAILS:	
Surname: Forename(s): Telephone: Home: Work: Mobile:	Address: Post Code: Email address:
HAVE YOU PREVIOUSLY WORKED HERE: YES/NO IF YES, GIVE DETAILS	WORK PREFERENCE: FULL TIME/PART TIME
VEHICLE OWNER: YES/NO ORD/HGV/PSVCAR/MOTOR CYCLE PLEASE GIVE DETAILS OF ANY ENDORSEMENTS AND/OR DISQUALIFICATIONS:	CURRENT DRIVING LICENCE: YES/NO
REHABILITATION OF OFFENDERS ACT 1974. DO YOU HAVE ANY CONVICTIONS THAT ARE NOT SPENT: YES/NO	
EDUCATION AND TRAINING (Please include all education and training undertaken)	

PREVIOUS EMPLOYMENT: From most recent post

Dates From – To	Employer name, address & telephone no	Job Title/Duties Please give reason for leaving each post

EXPERIENCE AND ACHIEVEMENTS – please explain how you would relate your education, training and experience (including that not related to employment) to the requirement of the post for which you are applying.

LEISURE INTERESTS

WHAT ATTRIBUTES DO YOU THINK YOU COULD BRING TO THE JOB ROLE?

REFERENCES

Please give details of two people we could approach for references, including your current or most recent employer. References will not be taken up without your prior consent.

NAME:

NAME:

OCCUPATION:

OCCUPATION:

ADDRESS:

ADDRESS:

TELEPHONE:

TELEPHONE:

PERSONAL RELATIONSHIPS

Do you have a personal relationship with anyone in the company: YES/NO

If YES, please identify the member of staff concerned. *This is to ensure that the member of staff you are related to/in relationship with, has no involvement in the recruitment process for the post you have applied for.*

DATA PROTECTION ACT 1998

The information comprising your application will be stored as hard copy. Some information will also be stored electronically. The information will be used in the selection process, and, if you are appointed, will also be used for the purposes of human resources administration. Such usage will be subject to the provisions of the Data Protection Act 1998.

DECLARATION

I hereby declare that the information contained in this form is to the best of my knowledge correct. I understand that any wilful mis-statement renders me liable to disqualification or instant dismissal if engaged.

Signed _____ Date _____

Thank you for completing the form. Please return it to the shop or by post marked **private and confidential** to:

Andrew Gibson

Gibsons Farm Shop

Wingham

Nr Canterbury

Kent

CT3 1NY Telephone 07840 691589 andrew@gibsonsfarmshop.com