

# Confidential Application for Employment (Full Time)

## Section 1 - Personal Details

Surname:	Forename(s):
Address:	Telephone: Day: _____ Mobile: _____ Evening: _____
Post Code:	
National Insurance No:	Date of Birth:

## Section 2 - Employment Details

Position Applied For:
If offered this position, will you work in any other capacity?
What Date will you be available to start work?
Would you be prepared to work Overtime?

## Section 3 - Health

Are you in good general health? If No please state medical condition.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you visited your doctors in the last 2 years? If Yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving any medical treatment? If yes, please state what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any absence from work in the past 12 months and state the reasons for them.		



## Section 4 - General Information

Do you hold a current Driving Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you have any Endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details		
Please note any criminal convictions except those 'spent' under the Rehabilitation Of Offenders Act. If you have none please state 'None'.		
Are you a UK or European Union National?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are not please attach the relevant documentation stating your eligibility for employment in the U.K.		

## Section 5 - Hobbies and Interests

Please give details of hobbies and interests:
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## Section 6 - Education

School/College/University	Date	Qualifications (Subjects and Results)

Please state any skills you have, or courses you have attended relevant to the position you have applied for:

## Section 7 -Skills / Experience

In order for us to gauge your experience please answer following questions to the best of your ability. Although experience in all aspects is not essential, it gives us an idea of what training will be needed to be given.

Experience of Using Strimmers Yes  No

Experience in Using an Industrial Flymo Yes  No

Do you have any Spraying Experience / Qualifications? Yes  No

If yes, please give details: \_\_\_\_\_

Do you have a Chainsaw Licence? Yes  No

Experienced in Servicing Equipment  
e.g. oil changes, oil filters, air filters etc. Yes  No

Are you able to identify different grasses? Yes  No

If yes, please give details: \_\_\_\_\_

Have You Any Experience of Tractor Driving Yes  No

If yes, please give details: \_\_\_\_\_



## Section 9 - References

Please give the details of two people to whom we may contact for references (one of which should be your last or current employer. If you do not want us to contact them, unless we offer you the position please tick the box.

Name:	Name:
Position:	Position:
Name of Company:	Name of Company:
Address:	Address:
Telephone Number:	Telephone Number:
Length of Time Known:	Length of Time Known:

## Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

Applicant's Signature ..... Date / /