



Application Form

PRIVATE & CONFIDENTIAL

Applications are invited from women & men from all sections of the community irrespective of their marital status, sexuality, disability, race, colour, nationality, ethnic, national origins, or religion who have the necessary attributes to carry out the job.

Post applied for:
(please delete)

Company name: The Old Station Nursery Ltd

Full name:

Address:

Postcode:

E-mail address:

Tel no:

Mobile no:

Do you have a full driving licence?

yes

no

Do you own a car?

yes

no

EDUCATION

Please give details of relevant courses you have attended with dates?



WORK HISTORY				
Name & address of employer	from	to	Brief details of duties	Reason for leaving

FURTHER INFORMATION (continue on another sheet if necessary)

Please indicate your reasons for applying for the post and how much notice you have to give to your current employer. You are also invited to give here any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests, memberships of voluntary organisations etc.



REFERENCES

Please give names, addresses and telephone numbers of two referees one of whom should be your present/most recent employer. References will be taken up after the interview.

1.	2.
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Where did you see the post advertised?	
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What is your current salary package?	
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DECLARATION

1. I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health.
2. I declare that that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act).
3. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.
4. I am aware that I will be expected to provide original copies of any qualifications or certificates and that checks will be carried out with training providers to verify that these are genuine.

Signature Date.....

Additional information:

Please state the number of days sickness absence in the last 2 years:	
Have you ever been convicted of an offence? If yes, please give details:	
Do you have any police proceedings outstanding or impending against you? If yes, please give details:	