

**EMPLOYMENT APPLICATION FORM**

<b>POSITION APPLIED FOR:</b>				<b>DATE OF APPLICATION:</b>
<b>FULL-TIME</b>	<b>PART-TIME</b>	<b>PERMANENT</b>	<b>TEMPORARY</b>	<b>How did you hear about this vacancy?</b>
<b>COMPANY (internal use only)</b>				

**PERSONAL DETAILS:**

<b>FULL NAME:</b>	<b>MALE</b>	<b>FEMALE</b>	<b>DOB</b>	<b>AGE</b>
<b>ADDRESS:</b>			<b>NATIONALITY:</b>	
<b>POST CODE:</b>			<b>MARITAL STATUS:</b>	
<b>EMAIL ADDRESS (for replies):</b>			<b>CHILDREN: YES/NO</b>	
<b>HOME TELEPHONE NUMBER:</b>			<b>VALID DRIVING LICENSE: YES/NO</b>	
<b>MOBILE TELEPHONE NUMBER:</b>			<b>CAR OWNER: YES/NO</b>	
<b>DO YOU CONSIDER YOUR HEALTH TO BE:</b>			<b>DO YOU SMOKE YES/NO</b>	
<b>GOOD/AVERAGE/NOT GOOD (delete as applicable)</b>			<b>NEXT OF KIN</b>	
<b>DO YOU SUFFER FROM ANY RECURRING ILLNESS OR BACK PROBLEMS? IF YES, PLEASE GIVE FULL DETAILS.</b>			NAME:	
<b>IF REQUESTED, WOULD YOU OBJECT TO UNDERGO A MEDICAL EXAMINATION?: YES/NO</b>			ADDRESS:	
			TEL HOME NO:	
			TEL MOBILE NO:	
			RELATIONSHIP:	

**DETAILS OF EDUCATION, TRAINING COURSES & QUALIFICATIONS**

<b>EDUCATIONAL ESTABLISHMENT</b>	<b>DATE(S) ATTENDED</b>	<b>EXAMINATIONS TAKEN AND RESULTS</b>

**Do you have any criminal convictions other than those defined as "spent" under the Rehabilitation of offenders Act 1974? YES/NO**

If yes, please give details:

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*I hereby declare that the statements contained in this career summary 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. I agree that it shall form the basis of my contract of employment. I understand that references will be requested at a later stage.*

**Signed: ..... Dated: .....**

**EMPLOYMENT HISTORY:**

*IT IS NOT NECESSARY TO COMPLETE THE EMPLOYMENT DETAILS SECTION IF YOU ARE SENDING A C.V. WITH YOUR APPLICATION.*

*Please give details of employers in chronological order with current employment first (please include any service in H.M. Forces).*

DATE	EMPLOYER'S NAME & ADDRESS & NATURE OF BUSINESS	POSITION HELD	OUTLINE OF DUTIES (NO OF PEOPLE RESPONSIBLE TO YOU)	CURRENT SALARY	REASON FOR LEAVING

**REFERENCES:**

*PLEASE GIVE DETAILS OF REFEREES PREFERABLY FROM YOUR PRESENT AND PREVIOUS EMPLOYERS*

<b>REFERENCE 1:</b> <b>NAME:</b> <b>ADDRESS:</b> <b>TELEPHONE NUMBER:</b>	<b>MOBILE NO:</b>	<b>REFERENCE 2:</b> <b>NAME:</b> <b>ADDRESS:</b> <b>TELEPHONE NUMBER:</b>	<b>MOBILE NO:</b>
<b>HOW MUCH NOTICE DOES YOUR PRESENT EMPLOYER REQUIRE:</b>			

***PLEASE READ CAREFULLY: IN THE INTERESTS OF SECURITY AND TO REDUCE ADMINISTRATION, IT IS COMPANY POLICY TO PAY WAGES AND SALARIES WEEKLY BY DIRECT CREDIT TO BANK ACCOUNTS. PLEASE ALSO NOTE THAT THE COMPANY HAS A NO SMOKING POLICY.***

***RETURN TO: THE PERSONNEL DEPARTMENT, WHITEHALL GARDEN CENTRE (LACOCK) LTD, CORSHAM ROAD, LACOCK, CHIPPENHAM, WILTSHIRE, SN15 2LZ.***