

Please return this form to:

Personnel Department  
Garden & Leisure Group Ltd  
Smallway  
Congresbury  
Bristol, BS49 5AA

## EMPLOYMENT APPLICATION FORM

**POSITION APPLIED FOR:** \_\_\_\_\_ **VACANCY NUMBER:** \_\_\_\_\_

All sections of this form must be fully completed. Applicants are welcome to submit a CV or covering letter if this provides additional information to support the application, however this information cannot be submitted in place of completing this form (unfortunately incomplete applications will be rejected). Please note that a separate application form is required for each vacancy.

### PERSONAL DETAILS

Surname:				Mr / Ms / Mrs / Miss
Forenames:		Any previous surname/s:		
Address:				
		Postcode:		
Home Telephone No:		Work telephone no:		
Date of Birth:		May we contact you by telephone at work?	YES / NO	
National Insurance No:				

### EDUCATION (From age 11)

Beginning with most recent events, please give details of your education: .

Details of school/college/university attended.	from	to	Qualifications gained (state subject and level)	Year Obtained

Beginning with most recent events, please give details of any training courses attended, qualifications obtained or membership of any professional organisations etc:

Details of training courses attended, qualifications obtained etc.	from	to	Qualifications gained (state subject and level)	Year Obtained

## EMPLOYMENT HISTORY

Starting with your present or last employer, please give details of your last 3 employers including voluntary or unpaid work as appropriate.

Name & Address of employer:			
		Postcode:	
Employed from (month & year):		To (month & year):	
Job Title:			
Main duties & responsibilities:			
Why do you wish to leave?/did you leave?:			
Current salary or salary at leaving date:	£	per hour or £	per annum for _____ hours per week

Name & Address of employer:			
		Postcode:	
Employed from (month & year):		To (month & year):	
Job Title:			
Main duties & responsibilities:			
Reason for leaving:			
Salary at leaving date:	£	per hour or £	per annum for _____ hours per week

Name & Address of employer:			
		Postcode:	
Employed from (month & year):		To (month & year):	
Job Title:			
Main duties & responsibilities:			
Reason for leaving:			
Salary at leaving date:	£	per hour or £	per annum for _____ hours per week

If there are any gaps between employment dates, please give details of dates and brief reason/s:

## DISABILITY DISCRIMINATION ACT 1995

Is your ability to perform the particular job that you have applied for limited in any way?	YES / NO
If YES, please state how we can overcome this:	
If you are registered disabled please advise your registration number:	

## REHABILITATION OF OFFENDERS ACT

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of	
Offenders Act 1974?	YES / NO
If YES, please provide details:	

## ASYLUM & IMMIGRATION ACT 1996

If your application is successful, commencement of your employment will be conditional upon you producing evidence of your entitlement to work in the UK (eg passport). Details of acceptable evidence will be provided if your application is successful.

## OTHER INFORMATION

Do you have a current driving licence?	YES / NO		
Is it clean?	YES / NO	If No, please give details:	

If offered this position, would you continue to work in any other capacity?	YES / NO
If YES, please give details of employer & hours worked	

We are required to take all reasonable steps to ensure that workers do not exceed an average of 48 hours of weekly working time. If this is the case, we will discuss this with you at interview.

Have you worked for us previously?	YES / NO
If YES, please state when and in what capacity:	

On what date would you be available for work?	
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Are you related to any member of staff in the Garden & Leisure Group Ltd?	YES / NO
If YES, please give details (name, position, centre employed at and your relationship to this employee):	

Would you work full time?	YES / NO
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## REFERENCES

Should you be shortlisted for interview, Garden & Leisure will contact your current and previous employers for a reference unless you specifically indicate otherwise here. NB Referees will automatically be contacted following a verbal or written offer of employment being made.

Are there any referees you would prefer us not to contact before an offer of employment is made?	YES / NO
If YES, please advise name/s of employer/s:	

If you do not have any previous employment (or only one previous employer), please provide details below of someone you know in a professional capacity whom we may contact for a reference, eg teacher. This must not be a relative, friend or neighbour:

Name:	Mr / Ms / Mrs / Miss
Position/Capacity in which you know this person:	
Business name & address:	
Postcode:	

## MEDICAL QUESTIONNAIRE

Please tick the appropriate boxes and give details if any of the following applies:

During the last three years have you suffered from:	Yes	No	Please give details including information about any medication or treatment you are currently receiving.
Heart disease?			
High blood pressure?			
Diabetes?			
Epilepsy/Fits?			

## MEDICAL QUESTIONNAIRE (continued)

During the last three years have you suffered from:	Yes	No	Please give details including information about any medication or treatment you are currently receiving.
Back complaint?			
Ear disorder?			
Eye disorder?			
Skin disease or allergy?			
Anxiety / depression or any nervous problem requiring treatment?			
Arthritis?			
Stomach / Intestinal complaint?			
Chest or lung complaint?			
Have you been inoculated against Tetanus?			If YES, when is your next booster due?

How many days have you been absent from work due to illness during the past 2 years?	
How many times (instances) have you been absent from work due to illness during the past 2 years?	
Please give details:	

Please use the space below to explain why you are applying for this vacancy and how your previous experience, transferable skills, qualifications/achievements and interests outside of work qualify you to apply for this position. Please include details of experience and skills which relate to the essential and/or desirable criteria set out in the job description (if not already covered in your application) as shortlisting will be made on this basis. Please continue on a separate sheet if necessary:

## DECLARATION BY APPLICANT - Please read this section carefully before signing.

- I declare that the statements I have made on this application form are, to the best of my knowledge, true and complete. I understand that the company reserves the right to withdraw any offer of employment or to terminate any employment already commenced, if the information given by me is inaccurate or misleading in any way.
- I understand that my employment is subject to the receipt of satisfactory references if an offer of employment is made and accepted.
- I agree to undergo a medical examination should this be considered necessary, this will be at the expense of the company.
- I hereby give Garden & Leisure permission to take up references with my current and previous employers and other referees I may nominate.
- I agree that my normal hours of work may be extended according to the needs of the business e.g. Christmas, stocktaking, sale periods, late nights, year end etc. Your normal hours and days of work will be agreed with your Department Manager. These may include bank holidays, will be flexible over 7 days and may vary from week to week in line with the needs of the business.
- I agree that the company may alter the location / department in which I am employed.
- I consent to any necessary enquiries and checks being undertaken by Garden & Leisure in order to confirm the information I have included in this application form is correct and to verify the authenticity of my qualifications.

**Signature:**

**Date:**

**EQUAL OPPORTUNITIES POLICY RECRUITMENT MONITORING FORM**

**POSITION APPLIED FOR:** \_\_\_\_\_ **REFERENCE NUMBER:** \_\_\_\_\_

Garden & Leisure is committed to equality of opportunity and has a policy that all applicants will be recruited, trained and promoted according to ability and job requirements only.

In order to comply with the recommendations of the Commission of Racial Equality and to help Garden & Leisure ensure that its Equal Opportunities Policy is upheld, please answer the questions below. **This form will be separated from the application form on receipt and used for monitoring purposes only.**

**Please identify your ethnic origin by ticking the appropriate box**

Black African	<input type="checkbox"/>	White	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>				

Black Other - please specify: \_\_\_\_\_ Other - please specify: \_\_\_\_\_

**Age**

Under 16	<input type="checkbox"/>	16 - 19	<input type="checkbox"/>	20 - 29	<input type="checkbox"/>	30 - 39	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>	50 - 59	<input type="checkbox"/>	60+	<input type="checkbox"/>		

**Are you:**

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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**Are you registered disabled?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**How did you learn about this post?**

Garden & Leisure Website	<input type="checkbox"/>	Advertisement in store	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	please specify which publication	_____
Other	<input type="checkbox"/>	please specify	_____

Thank you for your assistance, your co-operation will help promote equality of opportunity.