## FAIRWEATHER'S

## **APPLICATION FORM FOR EMPLOYMENT**

The application is for a position at:	Our Nursery Hilltop Nursery Beaulieu Hampshire, SO42 7YR 01590 612113	Our Garden Centre High Street Beaulieu Hampshire, SO42 7YB 01950 612307		
Application for employment as:				
Surname (Block Capitals):				
Other Names:				
Name prefer to be know as:				
Address:				
Post code:				
Home telephone number:	Mobile number:			
Email Address:				
Education and Training				
Details and results of any examination taken				
Further Education (e.g. technical college, evening classes)				

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APF2/HRTemplates

Employment History		
Present employer:		
Address:		
Job title:		
Duties:		
Rate of pay:	Date employed:	from: to:
Reason for leaving:		
No approach will be made to your pres	ent employer before an offer of en	nployment is made to you.
No approach will be made to your pres		
Please tell us about your 2 most i	recent jobs and about the skills	s you used and/or learnt:
	recent jobs and about the skills	s you used and/or learnt:
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Have you ever been convicted of a criminal offence?	YES / NO		
(declaration subject to the Rehabilitation of Offenders ACT 1974	4)		
If you have a disability places tell us about any adjustments of	ure many mand to make to essist		
If you have a disability please tell us about any adjustments you at interview:	we may need to make to assist		
Please tell us if there are any dates when you will not be available for interview:			
I can confirm that to the best of my knowledge the above information gradient providing deliberately false information could result in my dismission.	•		
providing deliberately laise information could result in my distinct			
Signed: Date:			
Signed: Date:			
The following questions will only be used for equality monitoring and not in the short-listing			
process			
Ethnic origin: Prefer not to say:			
Lume origin.			
Do you consider yourself to have a disability or a long-term h	nealth condition? YES/NO		
What is the import of your disability or booking or disability.	Duesten met te eeu .		
What is the impact of your disability or health condition?	Prefer not to say:		
Would you describe yourself as: Male $\square$ Female $\square$	Prefer not to say: $\square$		
What is your date of birth?	Prefer not to say:		