

# GLENTONS LIMITED

For Office Use Only  
Regret before Interview  
Regret after Interview  
Offer Form Attached

## Job Application Form

Please complete all sections of this form which apply to you.  
All information will be treated as confidential. The form should  
be completed in the applicant's own handwriting.

**IMPORTANT:**

Please attach  
passport sized  
photo

Do you have any disabilities which may affect your application      YES / NO  
If yes what reasonable adjustments do you feel could be made to the recruitment process that will assist you in your application \_\_\_\_\_

**Vacancy Title:**

Please state where you heard about this vacancy:

**Personal Details (please circle as applicable)**

<b>Surname:</b>		<b>First Name:</b>			
<b>Title:</b> Mr / Miss / Mrs / Ms	<b>Sex:</b> M / F	<b>Middle Name:</b>	<b>Known As:</b>		
<b>Home Address:</b>	<b>Home Telephone:</b>				
	<b>Work Telephone:</b>				
	<b>Mobile:</b>				
	<b>E-mail Address:</b>				
<b>Post Code:</b>	<b>Nationality:</b>				
<b>Place of Birth:</b>					
<b>National Insurance Number:</b>					
<b>Marital Status:</b>	Married	Divorced	Single	Widowed	Separated
<b>Academic School Year:</b> Are you in your last academic school year having taken your GCSE's				YES / NO	

Are you willing to work Sundays and Bank Holidays      YES / NO  
Please state below the days and time when you will be available to work:

	MON	TUE	WED	THU	FRI	SAT	SUN
Earliest time available							
Latest time available							

Work Permit Details - do you require a work permit?      YES / NO      If yes, please give details:

<b>Have you ever worked for the Company before?</b> YES / NO	<b>Dates of Employment:</b>  From:                      To:	<b>Position Held:</b>
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**Next of Kin Details** – Please give the name and address of someone whom the Company should contact in the event of an emergency.

<b>Full Name:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Home Telephone:</b> <b>Work Telephone:</b> <b>Mobile:</b>

**Education Details** Please give details of all schools / colleges / universities attended, along with dates and examinations / qualifications obtained:

<b>Name of school, college, university:</b>	<b>Qualifications Obtained:</b>

**Do you belong to any professional bodies? If so, please give details of membership:**

**Please give details of any professional qualifications held, together with dates:**

**Hobbies and Interests: Please give details of any hobbies or interests:**

**What do you consider to have been your main achievements within your current / most recent role? Please explain why you feel that these are particularly important.**

**What has attracted you to this position? In what way do you believe that your skills and experience will be of benefit to the role?**

## Employment History:

Please complete details of your employment history since leaving full-time education.

Current / Most Recent Employer / School / College		
<b>Name of Employer / (School / College)</b>	<b>From</b>	<b>To</b>
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Job Title and Responsibilities (if applicable):</b>	<b>Reason for Leaving:</b>	
	<b>Salary on Leaving (if applicable):</b>	
<b>If current employer, can we contact YES / NO</b>		

Previous Employment		
<b>Name of Employer / (School / College)</b>	<b>From</b>	<b>To</b>
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Job Title and Responsibilities (if applicable):</b>	<b>Reason for Leaving:</b>	

Previous Employment		
<b>Name of Employer / (School / College)</b>	<b>From</b>	<b>To</b>
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Job Title and Responsibilities (if applicable):</b>	<b>Reason for Leaving:</b>	

If you require more space, please continue on a separate piece of paper.

Please attach an up-to-date CV if you have one.

**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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**Do you know anyone employed by Carpenders Park Garden Centre? If yes, please state their name,  
relationship and the department where they work.**

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**How soon could you start work if appointed?**

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**If we offer you a position we may ask you to apply for a police/criminal records check at the start of, or during your  
employment with us. Please confirm that you are prepared to make such an application at the Company’s expense.  
YES / NO**

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**Do you have a Driving Licence? YES / NO  
Do you have any endorsements on this licence? YES / NO If yes, please give details:  
Are you currently banned from driving? YES / NO If yes, please give dates:  
Do you have your own transport? YES / NO**

**Applicant Declaration:**  
 Thank you for completing this form. Everything that you have told us will be treated as confidential. We shall be using the information in order to select candidates for interview.  
 I declare that the above information is, to the best of my knowledge, accurate. I will notify Carpenders Park Garden Centre of any changes.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please ensure you fill in a pre-employment medical questionnaire with this application form

**Sex and ethnic origin**

This organisation strives to operate a policy of equal opportunity and not discriminate against any person because of sex, race, colour or national origin. To help us monitor this, will you please provide details as below. This information will only be used for this purpose. What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

- |                                   |                                      |                                       |  |
|-----------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> <b>A</b> | <b>White</b>                         | <input type="checkbox"/> <b>Irish</b> |  |
| <input type="checkbox"/>          | <b>British</b>                       | <input type="checkbox"/>              | <b>Any other White background (please specify) .....</b> |
| <input type="checkbox"/> <b>B</b> | <b>Mixed</b>                         | <input type="checkbox"/>              | <b>White and Black African</b>                           |
| <input type="checkbox"/>          | <b>White and Black Caribbean</b>     | <input type="checkbox"/>              | <b>Any other Mixed background (please specify) .....</b> |
| <input type="checkbox"/>          | <b>White and Asian</b>               | <input type="checkbox"/>              | <b>Pakistani</b>   |
| <input type="checkbox"/> <b>C</b> | <b>Asian or Asian British</b>        | <input type="checkbox"/>              | <b>Any other Asian background (please specify) .....</b> |
| <input type="checkbox"/>          | <b>Indian</b>                        | <input type="checkbox"/>              | <b>African</b>   |
| <input type="checkbox"/>          | <b>Bangladeshi</b>                   | <input type="checkbox"/>              | <b>Any other Black background (please specify) .....</b> |
| <input type="checkbox"/> <b>D</b> | <b>Black or Black British</b>        | <input type="checkbox"/>              | <b>Any other (please specify) .....</b>                  |
| <input type="checkbox"/>          | <b>Caribbean</b>                     |                                       |  |
| <input type="checkbox"/> <b>E</b> | <b>Chinese or other ethnic group</b> |                                       |  |
| <input type="checkbox"/>          | <b>Chinese</b>                       |                                       |  |

**If you are called for an interview please bring the following documents with you. Failure to provide any of the following will unfortunately mean employment will not be able to commence.**

- **YOU MUST PROVIDE THE ORIGINALS OF THE DOCUMENTS AS LISTED BELOW**

**Asylum and Immigration Act 1996 - Prevention of Illegal Working**

**Your employment is conditional upon the receipt of original documentary proof of your eligibility to work in the UK. These documents will be photocopied and retained in your personal records.**

**List 1**

- **A passport showing the holder is a British Citizen or has right of abode in the UK**
- **A document showing the holder is a national of a European Economic Area (EEA) country or Switzerland. This must be a national passport or national identity card**
- **A residence permit issued by the Home Office to a national from a European Economic Area or country or Switzerland**
- **A passport or other document issued by the Home Office which has an endorsement stating that the holder has a current right of residence in the United Kingdom as the family member of a national from a European Economic Area country or Switzerland who is resident in the United Kingdom**
- **A passport or other travel document endorsed to show that the holder can stay in the United Kingdom, or has no time limit on their stay**
- **A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do the type of work offered, if they do not have a work permit**
- **An application Registration Card issued by the Home Office to an asylum seeker stating that the holder is permitted to take employment**

**List 2**

**If a document from list 1 is not available you must provide two documents from this list in one of two prescribed combinations shown below**

**First Combination**

- **A document giving the person's permanent National Insurance Number and name. This could be a: P45, P60, National Insurance Card or a letter from a Government agency.**

**And**

- **A full Birth Certificate issued in the United Kingdom, which includes the names of the holder's parents; OR**
- **A birth certificate issued in the Channel Islands, the Isle of Man or Ireland; OR**
- **A certificate of registration or naturalisation stating that the holder is a British citizen; OR**
- **A letter issued by the Home Office to the holder which indicates that the person named in it can stay indefinitely in the United Kingdom, or has no time on their stay; OR**
- **An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay indefinitely in the United Kingdom, or has no time limit on their stay; OR**
- **A letter issued by the Home Office to the holder which indicated that the person named in it can stay in the United Kingdom, and this allows them to do the type of work offered; OR**
- **An Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay in the United Kingdom, and this allows them to do the type of work offered**

**Or Second combination**

- **A work permit or other approval to take employment that has been issued by Work Permits UK**

**And**

- **A passport or other travel document endorsed to show that the holder is able to stay in the United Kingdom and can take the work permit employment in question; OR**
- **A letter issued by the Home Office to the holder confirming that the person named in it is able to stay in the United Kingdom and can take the work permit employment in question**



**PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE**

**1. Personal details:**

Post applied for:			
Surname:		Forename(s):	
Date of Birth:		Telephone:	
Address:			
Name and address of GP:			

**2. Occupational history:**

2.1 Has your employment ever been terminated on the grounds of ill health?

Yes       no

2.2 Approximately how many days/weeks sickness absence did you have in the last twelve months:

**3. Medical history:**

What is your height:		What is your weight:	
What is your weekly consumption of alcohol:			
Do you smoke:			
Are you currently taking prescribed medicine:			
Are you currently under the care of a doctor or other medical professional:			

3.1 Are you currently suffering from or have you suffered from any of the illnesses listed below:

**Heart trouble**

yes  no

**Lung disease**

yes  no

**Stomach/bowel trouble**

yes  no

**Jaundice/hepatitis**

yes  no

**Joint Problems**

yes  no

**Headaches/migraines**

yes  no

**Diabetes**

yes  no

**Allergies**

yes  no

**Severe stress reaction**

yes  no

**Serious accident**

yes  no

**High blood pressure**

yes  no

**Asthma**

yes  no

**Hernia or rupture**

yes  no

**Kidney/bladder disorder**

yes  no

**Back/neck problems**

yes  no

**Fits/blackouts/epilepsy**

yes  no

**Depression/anxiety**

yes  no

**Hearing/sight problems**

yes  no

**Skin problems**

yes  no

**Surgical operations**

yes  no

**Mobility problems**

yes  no

If you have answered "yes" to any questions in section 2 or 3 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" can be made.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

**Signature:**

**Date:**