



Part of the E.H. Williams Group of Companies.

# APPLICATION FOR EMPLOYMENT

Form AP2

**PRIVATE AND CONFIDENTIAL**  
 Return this form to:  
 Please Circle  
 Burleydam Garden Centre      Orchard Café (within Burleydam G.C.)      Gateacre Garden Centre

**POSITION APPLIED FOR:** .....

Surname		Forename(s)	Title
Address			
			Postcode
Date of birth	Nationality	Telephone number	

## GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

## LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.



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**EDUCATION HISTORY**

Schools	Qualifications gained
Colleges/Universities	Qualifications gained
Other training	

**EMPLOYMENT HISTORY** (Please complete in full and use a separate sheet if necessary)

If you attach a c.v. please sign here to acknowledge this is included in the declaration (detailed on page 3):.....

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

**OTHER EMPLOYMENT**

Please note any other employment you would continue with if you were to be successful in obtaining this position.



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### REFERENCES

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

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### CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

NI No. <input type="text"/>	
Current driving licence? Yes/No Groups: Expiry Date:	Details if any of endorsements
Are there any restrictions on you taking up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)	

### HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes  No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list number of days absent from work in the past 12 months and the key reasons for these absences.

### DECLARATION (Please read this carefully before signing this application)

- I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: ..... Date: .....