

**GATES NURSERIES GARDEN CENTRE**  
**Somerby Road, Cold Overton, Near Oakham, Leics. LE15 7QB**  
**Telephone 01664 454309 Fax 01664 454859**  
**info@gatesgardencentre.co.uk**

**EMPLOYMENT APPLICATION FORM    Date .....**

(PLEASE COMPLETE IN CLEAR HANDWRITING IN EITHER BLACK OR BLUE PEN)

**PERSONAL INFORMATION**

**Position applied for:** \_\_\_\_\_

**Garden Centre** \_\_\_\_\_ **Tea Shop** \_\_\_\_\_

**Full Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Children:** \_\_\_\_\_

**Telephone Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Work** \_\_\_\_\_ **Email** \_\_\_\_\_

**Do you have a full clean UK driving license?**  
\_\_\_\_\_

**(If NO please give details)** \_\_\_\_\_

**Do you have your own transport?**  
\_\_\_\_\_

**We will require your driving license to photocopy and this will also be regularly updated.**

**Emergency Contact Details**

**Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

\_\_\_\_\_ **Daytime Telephone Number:**

**Address:** \_\_\_\_\_ **Evening Telephone Number:**

\_\_\_\_\_ **Mobile Telephone Number:**

**HOURS & DAYS YOU CAN WORK**

**For each day of the week, please write the hours you can work**

**MONDAY** \_\_\_\_\_ **TUESDAY** \_\_\_\_\_

**WEDNESDAY** \_\_\_\_\_ **THURSDAY** \_\_\_\_\_

**FRIDAY** \_\_\_\_\_ **SATURDAY** \_\_\_\_\_

**SUNDAY** \_\_\_\_\_

**Please indicate the maximum number of hours you can work each week**

## EMPLOYMENT APPLICATION FORM continued

<b>Qualifications and Training/Non Qualification Courses.</b>			
Please list qualifications and courses attending starting with the most recent.			
From – To	School/College/ University/Organisation	Subject/Course Title	Qualification

### **EMPLOYMENT HISTORY – MOST RECENT FIRST**

<p><b>Employment History</b> Name &amp; Address of most recent employer</p> <p>Nature of business</p> <p><b>Reason for Leaving:</b></p>	<p>Date From - To</p> <p>Hours per week:</p> <p>Rate of Pay:</p> <p>Period of Notice:</p>
<p><b>Employment History</b> Name &amp; Address of other employer</p> <p>Nature of business</p> <p><b>Reason for Leaving:</b></p>	<p>Date From - To</p> <p>Hours per week:</p> <p>Rate of Pay:</p>

**Employment History**

Name & Address of other employer

Date From - To

Nature of business

Hours per week:

Rate of Pay:

**Reason for Leaving:**

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**References: Please provide details of two referees. One must be your current or recent employer. References will not be requested without your prior consent.**

Name: ..... Name: .....

Address ..... Address .....

.....

.....

Occupation ..... Occupation .....

Telephone No. .... Telephone No. ....

**CRIMINAL OFFENCES DECLARATION**

**WITHIN THE TERMS OF REHABILITATION OF OFFENDERS ACT, 1974**

**Have you ever been convicted of a criminal offence? YES / NO**

**(other than a 'spent' conviction) please give details) \_\_\_\_\_**

\_\_\_\_\_

**Do you have any prosecution pending? \_\_\_\_\_**

**(if YES please give details) \_\_\_\_\_**

**Do you need a work permit to take up employment in the UK? YES/NO**

**Applicants will be required to provide proof of identity, if invited for interview.**

**Please state why you think this position may suit you and give details of the contribution you think you could make to the Garden Centre, include details of any relevant experience you have.**

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**YOUR PASTIMES/INTERESTS**

**Please give details of any hobbies and interests you have** \_\_\_\_\_

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**How did you hear of this vacancy** \_\_\_\_\_

**Are you related to any employee of Gates Nurseries? (if yes, who?)** \_\_\_\_\_

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**SUPPORTING CURRICULUM VITAE ENCLOSED? Please indicate YES / NO**

**DECLARATION: The information given above is true to the best of my knowledge. I understand that a deliberate falsehood could lead to dismissal.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE THE ATTACHED HEALTH QUESTIONNAIRE**

**Thank you very much for taking the time to complete our application form.**

**Please note that it is not always possible to acknowledge your application,**

**If you do not receive a letter, your application will be held on file for future reference.**

# GATES NURSERIES GARDEN CENTRE

Telephone 01664 454309 Fax 01664 454859

## HEALTH AND MEDICAL QUESTIONNAIRE

(PLEASE COMPLETE IN CLEAR HANDWRITING IN EITHER BLACK OR BLUE PEN)

THE INFORMATION YOU GIVE WILL BE KEPT ENTIRELY CONFIDENTIAL AND IS REQUIRED FOR THE SAFETY OF YOU AND OTHERS IN THE WORK PLACE

FIRST NAME(S)_____ SURNAME_____
DATE OF BIRTH_____

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY OR HAVE APPLIED TO YOU IN THE PAST WITH DETAILS BELOW AS APPROPRIATE

Please circle your answers

- |  |     |    |
|--|-----|----|
| 1. Circulatory problems such as varicose veins, phlebitis, thrombosis          | YES | NO |
| 2. Heart problems such as angina, high blood pressure, heart attack            | YES | NO |
| 3. Chest and respiratory problems such as asthma, bronchitis, pneumonia        | YES | NO |
| 4. Diabetes  | YES | NO |
| 5. Epilepsy, blackouts, fainting attacks                                       | YES | NO |
| 6. Back trouble, arthritis, rheumatism, joint/tendon injuries                  | YES | NO |
| 7. Migraine, vertigo   | YES | NO |
| 8. Any other significant health problems or complaints i.e. eye. hearing, skin | YES | NO |
| 9. Colour Blind  | YES | NO |

### DETAILS


Have you had any major illnesses or operations in the last 5 years? YES NO  
If YES please give details \_\_\_\_\_

Do you have any medical condition which requires medication? YES NO  
If YES please give details \_\_\_\_\_

Are you a regular smoker? YES NO

When were you last treated by your doctor? Please give details.  
\_\_\_\_\_

How many days absent have you had in the last two years? If absent, why?  
\_\_\_\_\_

Have you ever had an industrial illness or injury? YES NO  
If YES please give details \_\_\_\_\_

During any previous employment have you ever worked with pesticides, herbicides, or any toxic or hazardous substances? If YES please give details \_\_\_\_\_

Are you allergic or sensitive to any substances or products? \_\_\_\_\_

Have you had an anti-tetanus injection within the last 10 years? YES NO

**DECLARATION: The information given above is true to the best of my knowledge. I understand that a deliberate falsehood could lead to dismissal.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_