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## Employment Application Form

*(Please complete in block capitals in your own handwriting using a black pen)*

<b>Please state the position you are applying for:</b>	
<b>General Information</b>	
<b>Mr/Mrs/Miss/Ms</b>	<b>Surname:</b>
<b>Forenames:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Email:</b>	
<b>Telephone (Home):</b>	<b>Workplace:</b>
<b>Date of Birth:</b>	<b>Marital Status</b>
<b>Nationality:</b>	<b>N. I. Number:</b>
<b>Do you have a clean, current driving licence?</b>	
<b>Do you suffer from any form of disability? <i>(please give details)</i></b>	
<b>If so, do you need any special modifications of equipment in the workplace? <i>(please give details)</i></b>	
<b>Have you had any recent illness or are you under medical treatment at the moment? <i>(please give details)</i></b>	
<b>Have you had any back problems, or ever suffered any injury which might affect you ability to carry out manual handling tasks? <i>(please give details)</i></b>	
<b>Do you smoke?</b>	
<b>Do you have any criminal convictions? <i>(if so please give details)</i></b>	
<b>When are you available for interview?</b>	<b>How much notice does your present employer require?</b>

## Education

Name of school, college, or university	Date to and from	Qualifications gained/being taken?

### Qualifications

List any other relevant qualifications you have, with dates

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## Previous Employment

Starting with your most recent employment, please complete the following details

<b>Date From:</b>	<b>Date To:</b>
<b>Name:</b>	
<b>Address:</b>	
<b>Nature of Business:</b>	
<b>Job Title &amp; Responsibilities:</b>	
<b>Number of People Responsible To You:</b>	
<b>Salary:</b>	
<b>Reason For Leaving:</b>	

<b>Date From:</b>	<b>To:</b>
<b>Name:</b>	
<b>Address:</b>	
<b>Nature of Business:</b>	
<b>Job Title &amp; Responsibilities:</b>	
<b>Number of People Responsible To You:</b>	
<b>Salary:</b>	
<b>Reason For Leaving:</b>	

<b>Date From:</b>	<b>To:</b>
<b>Name:</b>	
<b>Address:</b>	
<b>Nature of Business:</b>	
<b>Job Title &amp; Responsibilities:</b>	
<b>Number of People Responsible To You:</b>	
<b>Salary:</b>	
<b>Reason For Leaving:</b>	

**Additional Information**

Please add here any additional information you wish in support of your application including sports, hobbies, interests etc.

## **References**

Please give the names and addresses and daytime phone numbers of three references (we will not approach your present employer before an offer of employment has been made)

### **Present Employer**

**Name:**

**Address:**

**Telephone Number:**

**Name:**

**Address:**

**Telephone Number:**

**Name:**

**Address:**

**Telephone Number:**

I hereby declare that the statements contained in this form are, to the best of my knowledge, true and complete in every respect, and that no material facts have been withheld, misrepresented or suppressed.

**Usual Signature:**

**Date:**