



# JOB APPLICATION FORM

## REFERENCES

Please give the name and address of two people (friends and relatives must not be used) who have agreed to act as a referee for you, one of which must be your current or most recent employer. (If you have never been in employment before, please give the name and address of an academic referee.)

Name: _____ <input type="checkbox"/>	Name: _____ <input type="checkbox"/>
Designation / Title: _____	Designation / Title: _____
Address: _____ _____	Address: _____ _____
Tel No.: _____	Tel No.: _____

If you do not wish a reference to be sought until you give permission, please enter (x) in the relevant box.

## HOURS AND DAYS YOU CAN WORK

For each day of the week, please write the time that you can work. Please indicate the earliest you can start and the latest time you can finish. (Please note that most shifts include some weekend working)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
FINISH							

Do you require any assistance to attend interview? Y/N or if employed, to carry out the job Y/N. (please circle)

If YES please give details \_\_\_\_\_

### DATA PROTECTION ACT

Information of this form will be processed in accordance with the Data Protection Act 1998. In signing it you agree to this data being held and processed and if appointed to the job you also agree to further personal information, including sensitive data being held and processed by Stapeley Water Gardens Ltd in accordance with the act.

### DECLARATION

I confirm that the information supplied in this document is to the best of my knowledge correct.

I understand that if either the information I have give or any reference provided is untrue or is received unsatisfactory then any offer of employment may be withdrawn or my employment terminated.

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

Please complete all sections of the form using black ink or type

TITLE OF POST APPLIED FOR: \_\_\_\_\_

## PERSONAL DETAILS

NAME: \_\_\_\_\_ TITLE: (MR/MRS/MISS/MS)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POST CODE: \_\_\_\_\_

In order for us to comply with employment protection legislation, please tick relevant box if under 18 years of age and complete date of birth if you are still attending school.

Please tick if under 18  DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TEL NO (HOME) \_\_\_\_\_ TEL NO (WORK) \_\_\_\_\_

TEL NO (MOBILE) \_\_\_\_\_ EMAIL \_\_\_\_\_

Can you be contacted at work? YES / NO

Where did you first see the advertisement for this job?  
(if newspaper, please state which one) \_\_\_\_\_

Do you require a work permit to work within the United Kingdom YES / NO

If YES, do you hold a current work permit? YES / NO

Please return completed form to:

Stapeley Water Gardens Ltd  
London Road  
Stapeley  
Nantwich  
Cheshire  
CW5 7LH

Tel: 01270 623868 Fax: 01270 624919

www.stapeleywg.com

## PRESENT OR MOST RECENT EMPLOYER

JOB TITLE: .....	DATE APPOINTED:    /    /
EMPLOYER: .....	WAGE ON LEAVING: .....
ADDRESS: .....	DATE OF LEAVING:    /    /
.....	NOTICE REQUIRED: .....
REASON FOR WISHING TO LEAVE: .....	
.....	
BRIEF SUMMARY OF DUTIES: .....	
.....	
.....	

## EDUCATION

(You may be asked to provide documentary evidence of qualifications)

GENERAL EDUCATION	YEAR OF COMPLETION	SCHOOL/COLLEGE ETC ATTENDED	EXAMINATION PASSED
PROFESSIONAL QUALIFICATIONS			
QUALIFICATIONS CURRENTLY BEING STUDIED OR DUE TO BE STUDIED FOR			

## PAST EMPLOYMENT

EMPLOYER NAME & ADDRESS	DATES EMPLOYED FROM                      TO	JOB TITLE	REASON FOR LEAVING

Please give your reasons for making this application and consider how your education, training, skills, aptitudes and experience make you suitable for this post.

## GENERAL INFORMATION

Have you ever been convicted of a criminal offence (Declaration subject to the Rehabilitation Offenders Act 1974) Yes / No

If YES, please give details.