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| **Joseph Rochford Gardens Ltd**  **Application Form** |

**Application form to be completed and may be accompanied by CV**

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| --- | --- | --- | --- | --- | --- |
| Position applied for | |  | | | |
| **Personal Details:** | | | | | |
| Surname |  | |  | First Name |  |
|  | |  |
| Address |  | |  | Title |  |
|  |  |  |  |
|  |  | DOB & Age if under 18 |  |
|  |  |  |  |
|  |  | Telephone |  |
|  |  | Mobile |  |
|  |  |  |  |
|  |  | E-mail |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of days illness in the past two years | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | |  |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Allergies / Medical conditions which may affect your work | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  |
| Do you require a permit/visa to work in the UK? | | | | | |  | YES / NO | | | | | | | | | If yes attach a copy with this application | | | | | | | | | | | | | |  |
|  | | | | | | |  | | | | |  | | |  | | | | | | | | |  | | | |  | |  |
| Are you able to work | | |  |  | | |  |  | Part time | | | | ☐ | | | | | | | | Full-time | | | | ☐ | | | | | | |
|  |  | |  | |  | | | | |  |  | | |  | | | |  |  | | | | | | | |  | | |  |
| Duration of period available for work | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  | |  | | | | |  |  | | |  | | | |  |  | | | | | | | |  | | |  |
| Please give details of holiday commitments in the next 6 months? | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |
|  |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Have you ever been convicted of a criminal offence? | | | | | | | | | | | | | | | |  | YES / NO | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
| (declaration subject to Rehabilitation of Offenders Act 1974) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| If yes, please give details | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |

**Employment History**

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| --- | --- | --- | --- | --- |
| If you are currently in employment, what period of notice are you required to give? |  |  | | |
|  |  |  | | |
| Why do you wish to leave this employment? |  |  | | |
|  |  |  | | |
| What is your current salary? |  | £ | | |
|  |  |  | | |
| In the last 10 years have you ever been: self-employed? |  |  | Unemployed? |  |
| Yes / No | Yes / No |

Previous Employment (most recent first) – please list all employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name / Type of business | Dates | | Position | Brief description of role and responsibilities. |
| From | To |
|  |  |  |  |  |

How did you learn of the post for which you are applying? (e.g. newspaper, Job Centre, word of mouth)

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**Education and qualifications achieved**

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| --- | --- | --- | --- |
| School / College | Dates | | Qualifications achieved |
| From | To |
| GCSEs/"O" level, or equivalent |  |  | |  |  |  |  | | --- | --- | --- | --- | | English |  | Mathematics |  | | Others | |  | | |
| A Levels, or equivalent |  |  |  |

Other qualifications that you consider relevant

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Dates | | Qualifications achieved |
| From | To |
|  |  |  |  |

Evidence of qualifications will need to be produced at interview.

|  |  |  |
| --- | --- | --- |
| Do you hold a UK driving licence? | Yes / No | Endorsements ? |
| Do you own a car? | Yes / No |

Skills and competencies relevant to the specification of the job applied for.

(Use additional sheets, as necessary

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|  |

**About You**

Hobbies / interests

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| --- |
|  |

Why do you want to work for us?

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Please give the names, postal as well as email addresses and telephone numbers of 2 referees, who must not be related to you. One should be your current line manager

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
| Relationship to applicant |  | Relationship to applicant |  |

**I confirm that the information given in the application is true and complete**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |