

Mill Pond Farm, Garboldisham, Diss, Norfolk IP22 2SP

APPLICATION FOR EMPLOYMENT – PER001

Title of post applied for:

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Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

Confidential

. PERSONAL DE	TAILS (BLOCK CAP	ITALS F	PLEASE)				
Surname:			Initials:				
Former surnames if different:			Preferred Name or Title (Optional):				
Address:			Tel No (home): Tel No (business): Tel No (mobile): E-Mail address:				
Nationality:		-	ave the permanent	-	der or a European Citizen, or you remain in the UK, you will require a		
Do you need a work permit Yes			If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this				
Are there any restrict regarding your right t the UK? (Documenta evidence of right to v be required from all applicants). If yes please provide	to work in ary vork will No	restricti you tak with the	u subject to any ons that may impa ing up employme e company if offer trictions on workin etitor?	nt ed it,	☐ Yes ☐ No		
Where did you learn	of the post?						

2.	EDUCATION AND PROFES	SIONAL QUALIFICATIONS		
	Secondary School / College / University	Examinations taken	Date Taken	Result

Professional Qualifications currently held: grade and d	te including CPCS/CSCS cards,	categories held and
expiry date:	-	-

Other relevant Educational or Training Courses, with dates:

3. PRESENT EMPLOYM	ENT			
Title of Post:			Salary (Optional):	
Name of Employer:			Business of Employer:	
Address:			Date Commenced:	
			Date Ended (if applicable):	
Please outline your responsit	pilities, to whom yo	ou are respor	sible and staff responsible to	you (if applicable):
		·		, , ,
Reason for leaving or wishing				
Period of notice required to te				
Please notify us of any dates	you are avallable	IOF INTERVIEW:		

4. PREVIOUS EMPLOYMENT

Please give details of all jobs held including part-time and unpaid/voluntary work or work experience. Please include any periods of unemployment exceeding 6 months. (Please use continuation sheet if necessary.)

Name and Address of Employers	Position(s) held	How long in employment and reason for leaving
Description of duties:		
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Description of duties:		
Description of duties:		
Description of duties:		

5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

6. OTHER SKILLS

Languages spoken/written (please indicate degree of competence).

Computer literacy (please specify software and level of competence)

What activities outside work interest you? (State any positions held you consider relevant.)									
			[
Do you hold a current full driving	Yes	No	Do you have access to a car?	□Yes	No				
icence?			le vour driving liconco frog						
s it a HGV/PCV licence	Yes	No	Is your driving licence free of endorsements?	Yes	No				
Please give details of any points or driv	ving convict	iono inclus							
Please give details of any points or driving convictions, including any pending convictions.									
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Rehabilitation of Offenders Act 1974 Have you any convictions that are not	4 (Exceptionspent under	ns) Order r Rehabilita	1975 ation of Offenders Act?	Yes 🗌	No				
Rehabilitation of Offenders Act 1974 Have you any convictions that are not f Yes, please provide further details: (4 (Exceptionspent under	ns) Order r Rehabilita	1975 ation of Offenders Act?	Yes 🗌					
Rehabilitation of Offenders Act 1974 Have you any convictions that are not f Yes, please provide further details: (4 (Exceptionspent under	ns) Order r Rehabilita	1975 ation of Offenders Act?	Yes 🗌					
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Rehabilitation of Offenders Act 1974 Have you any convictions that are not If Yes, please provide further details: (Offenders Act 1974).	4 (Exceptionspent under	ns) Order r Rehabilita	1975 ation of Offenders Act?	Yes 🗌					
Rehabilitation of Offenders Act 1974 Have you any convictions that are not f Yes, please provide further details: (4 (Exceptionspent under	ns) Order r Rehabilita	1975 ation of Offenders Act?	Yes 🗌					

If you have a physical or mental health condition as a result of which you may have difficulty in completing
this application and/or if you will require assistance and/or adjustments to be made if called to interview
please give brief details of the effects on your day-to-day activities, and any other information that you feel
would help us to accommodate your needs during your interview and fulfil our obligations under the Equality
Act 2010:

8. REFERENCES

Please indicate two people who can provide references – one of whom should preferably be your present/most recent employer.

Referee 1			Referee 2	
Title (Mr, Mrs etc):			Title (Mr, Mrs etc):	
Full Name:			Full Name:	
Job Title:			Job Title:	
Organisation:			Organisation:	
Address:			Address:	
Tel No:			Tel No:	
E-mail address:			E-mail address:	
Please state if we m reference prior to int	-	☐Yes ☐No	Please state if we may obtain thi reference prior to interview.	is No
Refusal to give pern	nission will not impa	act on any dec	isions made during your application).

9. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

Signature:
Date:

Name:
Image: Ima