

JOB APPLICATION FORM

Glentons Limited t/a Carpenters Park Garden Centre

Please complete all sections of this form which apply to you. All information will be treated as confidential. The form should be completed in the applicant's own handwriting.

Please attach a photo

PLEASE COMPLETE &
RETURN TO:

Carpenters Park Garden
Centre Little Oxhey Lane
Watford
Hertfordshire
WD19 5BA

For Office Use Only
Regret before Interview
Regret after Interview
Offer Form Attached

Do you have any disabilities which may affect your application No Yes
If yes what reasonable adjustments do you feel could be made to the recruitment process that will assist you in your application

Vacancy Title:

Please state where you heard about this vacancy:

Personal Details (please circle as applicable)

Surname:		First Name:	
Title:	Sex:	Middle Name:	Known As:
Home Address:		Home Telephone Number:	
Post Code:		Mobile Telephone Number:	
Place of Birth:		E-mail Address:	
National Insurance Number:		Nationality:	
Marital Status:			
Academic School Year. Are you in your last academic school year having taken your GCSE's <input type="checkbox"/> No <input type="checkbox"/> Yes			

Are you willing to work Sundays and Bank Holidays Yes No

Please state below the days and time when you will be available to

work:	MON	TUE	WED	THU	FRI	SAT	SUN
Earliest time available							
Latest time available							

Work Permit Details - do you require a work permit? Yes No

<p><Uj Y'nci 'Yj Yf'k cf_YX' Zcf'h.Y'7 ca dLbmiWZcfY3 MAG' 'BC</p>	<p>8UHyg' cZ 9a d'cna Ybh' : fca. ' Hc.</p>	<p>Dcg]h'cb' < YX.</p>
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<p>B Yl h'cZ?]b'8 YH]g']' dYUj' [] Y'h.Y'bLa Y'UbX'UXXfYgg'cZgca YcbY'k \ca 'h.Y'7 ca dLbmg'ci 'X'Ve'bhUW]b'h.Y'Y] Ybh cZUb'Ya Yf[YbVh</p>	
<p>: i 'B La Y.</p>	<p>F YU]cbg\]d.</p>
<p>5XXfYgg</p>	<p><ca Y' H'Yd\cbY.' K cf_' H'Yd\cbY.' A cV]Y.</p>

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cVU]bYX

<p>B La Y'cZg'Wcc'Z'Ve''Y[Zi b] Yfg]m</p>	<p>E i U]W]h'cbg'C VU]bYX.</p>
<p></p>	<p></p>

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K \Uh'Xc'nci 'W'bg'XYf'hc'\Uj Y'VYb'nci f'a U]b'UW]Y] Ya Ybh'g'k]h']b'nci f'W'ff'Ybh'#a cgh'fYW'bh'fc'Y3dYUj'
Yl d'U]b'k \m'nci 'Z'Y' h'Uh'h.Y'g' U'f' d'U]h]W'U'f'm]a d'cf'h'bh'

K \Uh'\Uj'U'f'U'W]X'nci 'hc'h'g'd'cg]h'cb3-b'k \Uh'k'Uh'Xc'nci 'W]Y] Y'h.U'h'nci f'g_]g'UbX'Yl dYf]YbW'k]'W'cZ
VbY'Z'h'c'h.Y'fc'Y3

Employment History:

Please complete details of your employment history since leaving full-time education.

Current / Most Recent Employer / School / College		
<u>Name of Employer / (School / College)</u>	From	To
Address:		
Telephone Number:		
Job Title and Responsibilities (if applicable):	Reason for Leaving:	
	Salary on Leaving (if applicable):	
If current employer, can we contact Yes No		

Previous Employment		
<u>Name of Employer / (School / College)</u>	From	To
Address:		
Telephone Number:		
Job Title and Responsibilities (if applicable):	Reason for Leaving:	

Previous Employment		
<u>Name of Employer / (School / College)</u>	From	To
Address:		
Telephone Number:		
Job Title and Responsibilities (if applicable):	Reason for Leaving:	

Please attach an up-to-date CV if you have one.

Do you have any criminal convictions other than those defined as “spent” under the Rehabilitation of Offenders Act 1974?

YES NO If yes, please give details:

Do you know anyone employed by Carpenders Park Garden Centre? If yes, please state their name, relationship and the department where they work.

How soon could you start work if appointed?

If we offer you a position we may ask you to apply for a police/criminal records check at the start of, or during your employment with us. Please confirm that you are prepared to make such an application at the Company’s expense.

YES NO

Do you have a Driving Licence? YES NO

Do you have any endorsements on this licence? YES NO If yes, please give details:

Are you currently banned from driving? YES NO If yes, please give dates:

Do you have your own transport? YES NO

Applicant Declaration:

Thank you for completing this form. Everything that you have told us will be treated as confidential. We shall be using the information in order to select candidates for interview.

I declare that the above information is, to the best of my knowledge, accurate. I will notify Carpenders Park Garden Centre of any changes.

Signed:

Date:

Please ensure you fill in a pre-employment medical questionnaire with this application form

Nationality

This organisation strives to operate a policy of equal opportunity and not discriminate against any person because of sex, race, colour or national origin. To help us monitor this, will you please provide details as below. This information will only be used for this purpose.

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- 5'dUggdcf]hg'ck]b['H'Y'\c'XYf'jg'U6f]hg'7]h]Yb'cf'\Ug]f[\hcZUcXY'j]b'HY'I ?
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- 5'fYg]X]YbW' dYfa]h]gg YX'Vm]h'Y' <ca Y' C Z]W' hc' U bU]cbU' Z'ca 'U 9 fcdYUb' 9V'bc]a]W 5fYU cf' V'ei b]f'm cf' Gk]m]f'UbX
- 5'dUggdcf]h'cf'ch'Yf'XcWa Ybh]gg YX'Vm]h'Y' <ca Y' C Z]W' k \]W'\Ug]Ub'YbXcf]g]a Ybh]g]U]b] ['H'U]h'Y'\c'XYf'\Ug]U W'f'f'Yb]h]f][\h'cZ fYg]X]YbW']b'HY'I b]h'X' ?]b[Xca 'Ug]H'Y' Z]a]ma Ya V'f' cZ U bU]cbU' Z'ca 'U 9 fcdYUb' 9V'bc]a]W 5fYU V'ei b]f'm cf' Gk]m]f'UbX'k'c']g'fYg]X]Yb]b'HY'I b]h'X' ?]b[Xca
- 5'dUggdcf]h'cf'ch'Yf'f'f]U'Y'XcWa Ybh]YbXcf]g]X'hc'g'ck' 'H'U]h'Y'\c'XYf'W'b'g]U]b]b'HY'I b]h'X' ?]b[Xca Zcf'\Ug]bc'h]a Y']a]h'cb'HY]f'g]U]m
- 5'dUggdcf]h'cf'ch'Yf'f'f]U'Y'XcWa Ybh]YbXcf]g]X'hc'g'ck' 'H'U]h'Y'\c'XYf'W'b'g]U]b]b'HY'I b]h'X' ?]b[Xca /UbX' 'H'U]h]g] YbXcf]g]a Ybh]U'ck'g]H'Y'\c'XYf'hc'Xc' 'H'Y'f'm]d'Y'cZk cf_'cZ]f'YX'Z]H'Y'm]X' bch'\U'Y'U'k cf_'dYfa]h
- 5b'U'd]M]h]cb' F]Y][g]f]U]cb' 7 UFX']gg YX'Vm]h'Y' <ca Y' C Z]W' hc' U' b' Ugrī a 'g]Y'Y'f'g]U]b] ['H'U]h'Y'\c'XYf'jg' dYfa]h'X'hc' 'H]_Y'Ya d'cna Ybh

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:]f]g]7 ca V]b]U]h]cb

- 5'XcWa Ybh][]b] ['H'Y'dYfg'cb]g]dYfa UbYb]B]h]cbU' :eg fUbW' B i a V'f'UbX' b]a Y'"H'j]g'V'ei 'X'W'U'D() Z'D*\$Z B]h]cbU' :eg fUbW' 7 UFX'cf'U'Y'h]f' Z'ca 'U; c] Yf]ba Ybh]U]YbW'h

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- 5'V]f]h'W'f]h]Z]M]Y']gg YX']b'HY'7'UbbY' :g]UbX]g]H'Y' :g]Y'cZ]A Ub'cf' :fY'UbX/C F
- 5'W'f]h]Z]M]Y' cZ]f]Y][g]f]U]cb'cf' bU] f]U]g]h]cb'g]U]b] ['H'U]h'Y'\c'XYf'jg'U6f]hg' V]h]Yb]/C F
- 5'Y'h]f']gg YX'Vm]h'Y' <ca Y' C Z]W' hc' 'H'Y'\c'XYf'k \]W']b]X]M]h]g]H'U]h'Y'dYfg'cb' b]a YX']b']h]W'b'g]U]b]b]X]Y]Z]b]h]Y'm]b]b'HY' I b]h'X' ?]b[Xca Zcf'\Ug]bc'h]a Y'cb'HY]f'g]U]m]C F
- 5b' a a]f]U]h]cb'G]U]h'g]8'c]W]a Ybh]gg YX'Vm]h'Y' <ca Y' C Z]W' hc' 'H'Y'\c'XYf'k]h' 'U'YbXcf]g]a Ybh]b]X]M]h]b] ['H'U]h'Y' dYfg'cb' b]a YX']b']h]W'b'g]U]b]b]X]Y]Z]b]h]Y'm]b]b'HY'I b]h'X' ?]b[Xca Zcf'\Ug]bc'h]a Y']a]h'cb'HY]f'g]U]m]C F
- 5'Y'h]f']gg YX'Vm]h'Y' <ca Y' C Z]W' hc' 'H'Y'\c'XYf'k \]W']b]X]M]h]X' 'H'U]h'Y'dYfg'cb' b]a YX']b']h]W'b'g]U]b]b'HY'I b]h'X' ?]b[Xca Z]UbX' H'j]g'U'ck'g]H'Y'a 'hc'Xc' 'H'Y'f'm]d'Y'cZk cf_'cZ]f'YX/C F
- 5b' a a]f]U]h]cb'G]U]h'g]8'c]W]a Ybh]gg YX'Vm]h'Y' <ca Y' C Z]W' hc' 'H'Y'\c'XYf'k]h' 'U'YbXcf]g]a Ybh]b]X]M]h]b] ['H'U]h'Y' dYfg'cb' b]a YX']b']h]W'b'g]U]b]b'HY'I b]h'X' ?]b[Xca Z]UbX' H'j]g'U'ck'g]H'Y'a 'hc'Xc' 'H'Y'f'm]d'Y'cZk cf_'cZ]f'YX

C f'GW'cbX'V'a V]b]U]h]cb

- 5'k cf_'dYfa]h'cf'ch'Yf'U'd'f'c]U'hc' 'H]_Y'Ya d'cna Ybh]H'U]h'\U]g]V'Yb']gg YX'Vm]K cf_'D]Yfa]h]g]l ?

5bX

- 5'dUggdcf]h'cf'ch'Yf'f'f]U'Y'XcWa Ybh]YbXcf]g]X'hc'g'ck' 'H'U]h'Y'\c'XYf'jg'U'Y'hc'g]U]b]b'HY'I b]h'X' ?]b[Xca 'UbX'W'b' H]_Y' 'H'Y'k cf_'dYfa]h]Ya d'cna Ybh]b'el Yg]j]cb/C F
- 5'Y'h]f']gg YX'Vm]h'Y' <ca Y' C Z]W' hc' 'H'Y'\c'XYf'V'b]Z]f]a]b] ['H'U]h'Y'dYfg'cb' b]a YX']b']h]g]U'Y'hc'g]U]b]b'HY'I b]h'X' ?]b[Xca 'UbX'W'b' H]_Y' 'H'Y'k cf_'dYfa]h]Ya d'cna Ybh]b'el Yg]j]cb



PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

I. Personal details:

Post applied for:			
Surname:		Forename(s):	
Date of Birth:		Telephone:	
Address:			
Name and address of GP:			

2. Occupational history:

2.1 Has your employment ever been terminated on the grounds of ill health?

Yes No

2.2 Approximately how many days/weeks sickness absence did you have In the last twelve months:

3. Medical history:

Are you currently taking prescribed medicine:

Are you currently under the care of a doctor or other medical professional:

3.1 Are you currently suffering from or have you suffered from any of the illnesses listed below:

Heart trouble

Yes No

Lung disease

Yes No

Stomach/bowel trouble

Yes No

Jaundice/hepatitis

Yes No

Joint Problems

Yes No

Headaches/migraines

Yes No

Diabetes

Yes No

Allergies

Yes No

Severe stress reaction

Yes No

Serious accident

Yes No

High blood pressure

Yes No

Asthma

Yes No

Hernia or rupture

Yes No

Kidney/bladder disorder

Yes No

Back/neck problems

Yes No

Fits/blackouts/epilepsy

Yes No

Depression/anxiety

Yes No

Hearing/sight problems

Yes No

Skin problems

Yes No

Surgical operations

Yes No

Mobility problems

Yes No

If you have answered "yes" to any questions in section 2 or 3 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" can be made.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature:

Date:

**GLENTONS LIMITED t/a CARPENDERS
PARK GARDEN CENTRE**

BANK DETAILS FORM

EMPLOYEE DETAILS | OFFICE USE ONLY

EMPLOYEE NAME	
EMPLOYEE NUMBER	
DEPARTMENT	
PAYMENT FREQUENCY	

ACCOUNT DETAILS

ACCOUNT HOLDER'S NAME	
BANK NAME	
BRANCH NAME	
BANK ADDRESS	
ACCOUNT NUMBER	
SORT CODE	

DECLARATION

I confirm that I wish my salary to be paid into the above account until I notify the Company otherwise.

EMPLOYEE SIGNATURE _____ DATE _____

Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.
Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title - enter MR, MRS, MISS, MS or other title

Surname or family name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First or given name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender. Enter 'X' in the appropriate box

Male Female

Date of birth DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

House or flat number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Rest of address including house name or flat name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A - This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

B - This is now my only job, but since last 6 April **I have** had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

OR

C - I have another job or receive a state or occupational pension.

Student Loans

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. *(If you are required to repay your Student Loan through your bank or building society account do **not** enter an 'X' in box D.)*

Signature and date

I can confirm that this information is correct

Signature

Date DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section two To be completed by the employer

File your employee's P46 online at www.hmrc.gov.uk/employers/doitonline

Use capital letters when completing this form. Guidance on how to fill it in, including what to do if your employee has not entered their National Insurance number on page 1, is at www.hmrc.gov.uk/employers/working_out.htm and in the E13 Employer Helpbook *Day-to-day payroll*.

Employee's details

Date employment started DD MM YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Works/payroll number and department or branch (if any)

<input type="text"/>
<input type="text"/>

Job title

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer's details

Employer PAYE reference

Office number Reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

Building number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Rest of address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax code used

If you do not know the tax code to use or the current National Insurance contributions (NICs) lower earnings limit, go to www.hmrc.gov.uk/employers/rates_and_limits.htm

Enter 'X' in the appropriate box

Box A

Emergency code on a cumulative basis

<input type="text"/>	<input type="text"/>
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Box B

Emergency code on a non-cumulative

Week 1/Month 1 basis

<input type="text"/>	<input type="text"/>
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Box C

Code BR

<input type="text"/>	<input type="text"/>
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Tax code used

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If week 1 or

month 1 applies,

enter 'X' in this box

<input type="text"/>

Send this form to your HM Revenue & Customs office on the first pay day.

If the employee has entered 'X' in box A or box B, on page 1, and their earnings are below the NICs lower earnings limit, do not send the form until their earnings reach the NICs lower earnings limit.