

Hare Hatch Sheeplands

Application for Employment

Please read this form carefully and answer all the applicable questions. Please sign and date the Declaration and Consent at the end of the form as required by the Data Protection Act.

Return the completed form to: Alison Rutter, Hare Hatch Sheeplands Ltd,

London Road, Twyford, Reading, Berkshire. RG10 9HW

| Tel: 0118 9704690 Fax: 0118 9401006 |
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| Email: alison@hhsheep.co.uk <u>www.harehatchsheeplands.co.uk</u> |
| Department(s) of Interest: Farm Shop Cafe Garden Centre Other |
| Vacancy Applied For: |
| How did you hear about us/vacancy? |
| Applicant's details |
| • Full name: |
| Home address: |
| Postcode: |
| Home telephone number: Email: |
| Mobile telephone number: |
| Date of Birth: |
| • If you are not a British passport holder, or a European citizen, or do not have the permanent right to |
| remain in the UK, you will require a work permit. Do you require a work permit? Yes / No |
| If YES give details: |
| Expiry date of any current work permit: (this may not be valid for this post). |
| Do you wish to job share this post? |
| Do you have a current driving licence? : [this may not be essential for the post] Yes / No. |
| If Commercial, give class of vehicle: |
| Is your driving licence "clean"?: |
| If "No", please give details: |
| • Do you have criminal convictions that have occurred during the past 5 years? Yes / No |
| If "Vos" give details: |

| | | • | <i>under the Rehabilitation of Offenders Act 1974</i>) d in a prison sentence? Yes / | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| (Note: You do not have to disclos We are an equal opportunitie | e any offence which is employer. We on of age, sex, m | is a spent offence u aim to recruit narital status, dis | nder the Rehabilitation of Offenders Act 1974) staff on their suitability for the positio ability or ethnic origin. To help us monito | | | | | | |
| • Ethnic origin (Voluntary info | ormation). To w | hich of the follow | wing groups do you belong? : | | | | | | |
| White African Caribb | ean Asian | Chinese Othe | er: (specify) | | | | | | |
| Do you consider yourself di | Do you consider yourself disabled? Yes / No (please specify on a separate sheet) | | | | | | | | |
| Do you require special arra | ngements becau | se of your disabil | lity, such as access to premises, special | | | | | | |
| seating or any other provisi | on? : | | Yes / No | | | | | | |
| If "Yes" please give details: | | | | | | | | | |
| | Education S | kills and Qualif | ications | | | | | | |
| Please list schools, colleges, un since age 14. (continue on a se | iversities, and AN | IY other types of | education/skills training undertaken | | | | | | |
| Name of establishment | From (mm/yy) | To (mm/yy) | Qualifications | | | | | | |
| | | | | | | | | | |
| | Fmnle | oyment Histor | V | | | | | | |
| Are you currently employed | | | <u></u> Yes / No | | | | | | |
| If "No" please state reason: | | | | | | | | | |
| | | | | | | | | | |
| If "Yes" give details, includi | ng the reasons gi | ven for your disr | nissal: | | | | | | |
| Salary Requirements (pleas) | e complete) | | | | | | | | |
| Your current employer: | | | | | | | | | |
| • • | pany: | | | | | | | | |
| Post code: | Telephone ı | number: | | | | | | | |
| Date started: | Date started: Date left if applicable: | | | | | | | | |
| Job title: | | Rate of pa | y: | | | | | | |
| Describe your main duties | and responsibilit | ies: | | | | | | | |

| Previous employer (1): | |
|---|--|
| Name and address of company: | |
| Post code: T | elephone number: |
| Date started: | Date left: |
| Job title: | Main duties and responsibilities: |
| | |
| Reason for leaving: | |
| | |
| Previous employer (2): me and address of company: | |
| | |
| | elephone number: |
| Date started: | |
| Job title: | |
| | |
| Reason for leaving: | |
| Previous employer (3): | |
| | elephone number: |
| Date started: | |
| Job title: | |
| | |
| Reason for leaving: | |
| | |
| Please give the details as above o | of any other employers you have had in the last 5 years and any of |

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Availability for work

| • | How much notice will you have to give you current employer? |
|---|---|
| • | Is there any other reason why you would not be able to start work immediately if you were offered the job you have applied for?: Yes / No If "Yes" give details: |
| • | Do you have any existing holiday commitments? |
| • | Do you have outside commitments that could limit your working hours, such as being a JP, a councillor in local government or a member of the TA? |
| • | Do you have any other jobs which you intend to continue? : |
| | If "Yes" give details: |
| | The job you have applied for |
| • | Please state what attracted you to the job you have applied for and why you think you are a suitable person to do it (continue on an additional sheet if necessary): |
| | |
| | |
| | |
| • | Please give details of any skills and qualifications and/or experience relevant to the job for which you have applied (continue on an additional sheet if necessary): eg food hygiene certificate / first aid etc / PA1 or PA6 |
| | Interests and hobbies |
| • | Please give brief details of your main interests and hobbies (continue on an additional sheet if necessary): |
| | Trease 6.7 e arter details of year main meeters and measures (continue on an available of the continue of the |
| | General Health [optional] |
| • | Are you willing to complete a medical questionnaire?: |
| • | Are you receiving medical treatment ?: Yes / No If "Yes" give details: |
| • | Have you been vaccinated against tetanus in the last 10 years? |
| • | Are you currently affected by any medical condition that you feel we should be made aware of? For example epilepsy, diabetes, asthma, allergies, mental illness |
| • | Have you in the past 10 years had a period of illness resulting in a long term (more than 4 weeks) absence from work?: |

References

| | | | | <u>K</u> | ererence | <u>es</u> | | | | | | |
|--------------------------------|--|--|--|-----------------------------------|---------------------------------------|--------------------------------|---------------------------------------|--------------------------------|---|-------------------------------|---------------------------------------|---------------------|
| | give details d to you: | of two peo | ple we can c | ontact | who are | willir | ng to giv | e you a | a referer | nce an | d who a | re not |
| (1) Ful | | | | | | | | | | | | |
| | | | | | | | | | | | | •••• |
| Teleph | one numbe | r: Home: . | | | | Мо | bile: | | | | | |
| Occup | ation & how | / known to y | /ou: | | | | | | | | | |
| (2) Ful | | | | | | | | | | | | |
| Teleph | | | | | | | | | | | | |
| Occup | ation & how | known to y | /ou: | | | | | | | | | |
| | | | | <u>Pat</u> | tern of v | <u>vork</u> | | | | | | |
| • | I am applyi | ng for full ti | me* / part ti | me* w | vork | (dele | ete as ap | plicab | ole) | | | |
| • | I am applyi | ng for perm | nanent* / sea | sonal* | work? | (de | lete as a | pplica | able) | | | |
| • | I am at sch | ool*/college | e*/university | v* and | am appl | ying f | or week | end*/l | holiday v | vork* | | |
| Please busine | enter the o | days & houi or staff – a f | reekend working rs that you a full working o | ire ava | | | • | • | | | | |
| | Monday | Tuesd | ay Wedn | esday | Thurs | day | Fric | day | Saturday | | Sunday | |
| a.m. | 8.00 | 8.00 | 8.00 | | 8.00 | <u> </u> | 8.00 | · | 8.00 | | 8.00 | |
| p.m. | 6.00 | 6.00 | 6.00 | | 6.00 | | 6.00 | | 6.00 | | 6.00 | |
| Additio | onal comme | nts on your | work patter | | oreferred o | | ours) | | | | | |
| | | | | | | | | | | | | |
| | | | I have given my dismissa | | | | ect and t | hat an | ıy misrep | resen | itation b | y me |
| · | | | • | | | | | | | | | |
| Signed | l by Applicar | nt: | | ••••• | | Dat | te: | | ••• | | | |
| only by applicat Hatch S | Hare Hatch Sh tion this form o heeplands and | eeplands for t and the inform I for up to 6 ye | Act 1998 - the I he purpose of c ation in it will L ars after the er required in cor | onsider oe retair nd of you | ing your a ned in you ur employ | pplicat r HR fil ment. (| ion for en e for such Otherwise | nployme time as this foi | ent. If you s you are a rm will onl | are suc in empi y be re | cessful in loyee of H tained by | your are Hare |

express consent to retain and process all the information contained in this form and to transfer it to countries outside the

European Economic area if required.