



Grayingham Grange Farm, Grayingham, Gainsborough, Lincs DN21 4JD

t 01652 640308 e info@unclehenrys.co.uk www.unclehenrys.co.uk

f UncleHenrys @unclehenryslinc @uncle\_henrys\_farmshop

### **Job Application Form**

All applications will be treated as strictly confidential.

Position Applied For \_\_\_\_\_

Hours / Days Available to Work \_\_\_\_\_

#### **PERSONAL DETAILS**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel \_\_\_\_\_

Mobile Tel \_\_\_\_\_

Email \_\_\_\_\_

Due to the Children & Young Persons Act 1933 please indicate if you are under 16 years of age

Due to the licencing laws relating to sale of alcohol please indicate if you are under 18 years of age

Do you consider yourself to have a disability? Yes  No

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process



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**EDUCATION**

Secondary School Attended \_\_\_\_\_

Dates \_\_\_\_\_

**Qualifications Achieved**

Continue on a separate piece of paper if necessary.

Date	Subject/Examination	Qualification Achieved

**FURTHER EDUCATION & QUALIFICATIONS**

Please indicate any further qualifications achieved ( e.g. college, university, evening classes).

Continue on a separate piece of paper if necessary.



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### **EMPLOYMENT HISTORY**

Please indicate below your previous employment since leaving school, including any service in the armed forces.  
Continue on a separate piece of paper if necessary.

Current Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Dates \_\_\_\_\_

Position Held \_\_\_\_\_

Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Main Duties

Notice period required \_\_\_\_\_

When are you available to start \_\_\_\_\_



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**EMPLOYMENT HISTORY CONTINUED**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Dates \_\_\_\_\_

Position Held \_\_\_\_\_

Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Main Duties



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**EMPLOYMENT HISTORY CONTINUED**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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Dates \_\_\_\_\_

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**EMPLOYMENT HISTORY CONTINUED**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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**DRIVING LICENSE**

Type of license held \_\_\_\_\_

No of penalty points accrued \_\_\_\_\_

Reason for penalty points \_\_\_\_\_

**REFERENCES**

Do not send original references with this application form. Please indicate two referees we can contact. **(We will not approach your current employer before an offer of employment is made to you.)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in dismissal.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUPPLEMENTARY APPLICATION MONITORING FORM**

NOTES TO APPLICANT – because the organisation is committed to protecting employees from hazards involved in working on a livestock farm, and wishes to be sure that all necessary measures are taken to support those who may require special treatment, you are asked to notify, **in confidence**, of any special considerations in respect of your application for employment.

To allow appropriate safeguards to be put in place for your health and safety, please provide details of any of the following you suffer from or have suffered from in the past:

Problems with your vision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Migraine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Impaired hearing/deafness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma or hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dyslexia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back problems or any recent injury	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin conditions (eczema/dermatitis)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hernia (rupture)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any major surgery of a condition which might compromise your immune system (e.g. spleen removal)	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered YES to any of the above please provide more details below if necessary

If you receive treatment/take medication for any other condition not mentioned, which could be relevant to your application, please provide full details below

Do you have any other disability or difficulty that may affect your ability to carry out this job? Is so please provide full details below

Please give details of any serious work place injuries you have suffered in the past