



## APPLICATION FOR EMPLOYMENT

The information provided on this form will help us to assess your suitability for employment with The Frosts Group of Companies. Please answer the questions fully and clearly. All the information you provide will be treated in the strictest confidence. The loose page enclosed is designed to enable us to monitor our equal opportunities policy and medical screening questionnaire in a confidential and secure manner. Any information you provide will be treated in the strictest of confidence and will not be used in any way when assessing your suitability for employment with us.

Personal Details	
Surname:	(Mr/Mrs/Miss/Ms)
Forename (s):	
Address:	
Telephone Number:	Mobile Number:
Email Address:	

Do you own a car?	Yes / No	Do you hold a current driving license?	Full No	<input type="checkbox"/>	Provisional Other _____
Any endorsements?	Yes / No If yes, please give details:				
Have you been convicted of any criminal offences, which are not yet spent under rehabilitation? (Offender Act 1974)?	Yes / No If yes, please give details:				
Have you ever been dismissed from employment?	Yes / No If yes, please give details:				
National Insurance Number:					

Job Details	
Position applied for:	
Site / Department:	
How did you learn of this vacancy?	
On what date would you be available to start work?	

Hours of Work	
Are you seeking full-time or part-time employment?	Full-time / Part-time
Are you willing to work weekends and Bank Holidays?	Yes / No

<b>We are a seven day week operation. Please state the days / times when you will be available to work:</b>							
	SUN	MON	TUE	WED	THU	FRI	SAT
Earliest time available							
Latest time available							

Total hours available to work each week:	
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## Employment History

- Start with your current employer and work backwards, leaving no gaps
- Continue on a separate piece of paper if required
- It should be understood that reference enquiries may be sent to all persons named, both employers and personal referees  
(Please note: we will not contact your current employer without your consent)

Employers name, address and type of business	Dates of employment (from-to)	Position held and responsibilities	Salary and benefits	Reason for leaving

## Education (most recent first)

➤ If necessary, please continue on a separate sheet and attach securely to the application form.

Dates (from-to)	School, College, University etc.	Examinations, Subjects and Results

## Tell us about you

What can you contribute to our company? What skills, qualities and experience do you have that will make you a positive and valuable addition to our team (if relevant, give examples from your personal life). If necessary, please continue on a separate sheet and attach securely to the application form.

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What have you done in the past to personally provide a sensational customer experience?  
(Garden Centre applicants only)

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Do you have any further information that you think would support your application?

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## Medical Details

Are you in good health? Yes / No

The Disability Discrimination Act 1995 protects people from unlawful discrimination. If we know you have a disability we will make adjustments to the working environment provided it is reasonable in the circumstances to do so.

Do you have a disability you wish us to know about at this stage? Yes /No

If yes, to assist us in considering your application, please let us know if you believe there are any reasonable adjustments we should be making.

Please give details of any absence from work over the last twelve months (excluding holidays)

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Date of last tetanus inoculation (not applicable if applying for a Head Office/Administrative position):

(We strongly recommend that this is kept up to date)

## Asylum and Immigration Act 1996

**Under the Asylum and Immigration Act 1996, we can only offer you a job if you have the right to live and work in the United Kingdom. All applicants will therefore be requested to produce appropriate documentation should you be invited to attend an interview.**

**Are you legally entitled to live and work in the United Kingdom and are able to produce documentation?  
Yes / No**

**Do you require a work permit? Yes / No**

**If yes, please give details:**

## References

**It is Company Policy to take references. Please give details of two people (not relatives) whom we may approach for references. At least one reference should be from a previous employer (where applicable). For students at least one reference must be from either your school or college.**

<b>Name:</b>	<b>Name:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

**ALL APPOINTMENTS ARE MADE SUBJECT TO SATISFACTORY REFERENCES; WE RESERVE THE RIGHT TO CONTACT ANY PREVIOUS EMPLOYER TO SEEK REFERENCES.**

## Declaration

**I certify that the information given on this form is factually correct to the best of my knowledge. I understand information from this form may be computerised for personnel/employee administration/equal opportunities monitoring purposes in accordance with the Data Protection Act 1988, including any future amendments. In addition, in accordance with this Act, this information may also be used for the prevention and detection of fraud and crime. **WARNING: Any person appointed to the Company having given false information will be liable to dismissal without notice.****

**Signed:** ..... **Date:** .....

## Please return this form to:

<b>Frosts at Brampton</b>  Buckden Road Brampton Huntingdon Cambs PE28 4NF  Tel: 01480 453048	<b>Frosts at Millets Farm</b>  Kingston Road Frilford Oxon OX13 5HB  Tel: 01865 391923	<b>Frosts at Willington</b>  Sandy Road Willington Bedford MK44 3PQ  Tel: 01234 838777	<b>Frosts at Woburn Sands</b>  Newport Road Woburn Sands Milton Keynes Bucks MK17 8UE  Tel: 01908 583511	<b>Frosts Landscape Construction</b>  Wain Close Newport Road Woburn Sands Milton Keynes Bucks MK17 8UZ  Tel: 01908 583611
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**For the Attention of the Garden Centre Manager/Landscape Director**

**Alternatively hand in directly to The Customer Service Desk**

# STRICTLY PRIVATE AND CONFIDENTIAL

<b>OFFICE USE ONLY</b>	<b>ON RECEIPT OF APPLICATION FORM PLEASE SEND THIS SECTION TO THE PERSONNEL DEPARTMENT</b>
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## EQUAL OPPORTUNITIES MONITORING FORM

The Company strives to be an equal opportunities employer. We have an equal opportunities policy, the aim of which is to ensure that no job applicant receives less favourable treatment on the grounds of gender, disability, ethnic or national origins, marital status, religion, sexual orientation, gender reassignments, age or HIV status, nor is disadvantaged by conditions or requirements which cannot be shown to be relevant or justified to the job.

In order to ensure that this policy is carried out, it is necessary for us to have some means of monitoring our recruitment and selection activity. Only by such measures will we be able to identify potential sources of discrimination and take remedial action. For this reason alone we would be most grateful if you would answer the following questions.

This monitoring form will be separated from the application form on receipt, and will be securely stored to ensure it does not influence the selection process. It will be treated as strictly confidential, and will be used for statistical monitoring only.

<b>Surname:</b>	<b>(Mr/Mrs/Miss/Ms):</b>
<b>First Name:</b>	<b>Position Applied for:</b>
<b>Date of birth:</b>	<b>Nationality:</b>

Please circle the one which best describes you:											
<b>Sex:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">Male</td> <td style="width: 50%; border: 1px solid black; text-align: center;">Female</td> </tr> </table>	Male	Female								
Male	Female										
<b>Marital Status:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">Single</td> <td style="width: 50%; border: 1px solid black; text-align: center;">Separated</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">Married</td> <td style="border: 1px solid black; text-align: center;">Divorced      Widowed</td> </tr> </table>	Single	Separated	Married	Divorced      Widowed						
	Single	Separated									
Married	Divorced      Widowed										
<b>Ethnic Origin:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">a) White</td> <td style="width: 50%; border: 1px solid black;">British Irish Any other white background</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">b) Mixed</td> <td style="border: 1px solid black;">White and Black Caribbean White and Black African White and Asian Any other mixed background</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">c) Asian or Asian British</td> <td style="border: 1px solid black;">Indian Pakistani Bangladeshi Any other Asian background from within c)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">d) Black or Black British</td> <td style="border: 1px solid black;">Caribbean African Any other Black background from within d)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">e) Other ethnic groups</td> <td style="border: 1px solid black;">Chinese Any other ethnic group not stated</td> </tr> </table>	a) White	British Irish Any other white background	b) Mixed	White and Black Caribbean White and Black African White and Asian Any other mixed background	c) Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background from within c)	d) Black or Black British	Caribbean African Any other Black background from within d)	e) Other ethnic groups	Chinese Any other ethnic group not stated
	a) White	British Irish Any other white background									
	b) Mixed	White and Black Caribbean White and Black African White and Asian Any other mixed background									
	c) Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background from within c)									
	d) Black or Black British	Caribbean African Any other Black background from within d)									
e) Other ethnic groups	Chinese Any other ethnic group not stated										

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## MEDICAL SCREENING QUESTIONNAIRE

The information in this section is required to ensure that the Company meets its obligations under the Health and Safety Regulations. Previous ill health however need not preclude employment.

**Have you ever suffered from any of the following?  
Please provide details continuing, if necessary, on a separate sheet**

**(Please tick as appropriate)**

	<b>Yes</b>	<b>No</b>
<b>Any skin disease(s)</b>		
<b>Hearing defect</b>		
<b>Asthma or hay fever of sufficient severity to require time off work</b>		
<b>Any allergies (including sensitivity to antibiotics or other drugs)</b>		
<b>Heart disease, chest pains or high blood pressure</b>		
<b>Headache or migraine requiring time off work</b>		
<b>Diabetes, fits, blackouts or epilepsy</b>		
<b>Depression, nervous breakdown or mental illness</b>		
<b>Backache or sciatica requiring time off work</b>		
<b>Previous history of RSI (Repetitive Strain Injury)</b>		
<b>Eye disease, injury or significant defect of vision not corrected by spectacles</b>		
<b>Are you registered disabled?</b>		

**Any other illness you wish to declare:**

**I consent to Frosts Personnel Department holding this data.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for taking the time to complete this form**