

BUCKINGHAM GARDEN CENTRE & BUCKINGHAM NURSERIES LTD

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APPLICATION FORM

PERSONAL DETAILS

NAME: TELEPHONE (S):
ADDRESS:
..... EMAIL:
.....
.....
POST CODE:

APPLICATION DETAIL

POSITION APPLIED FOR: NO OF HOURS:
DAYS AVAILABLE TO WORK (cross out days not available)

MON	TUE	WED	THU	FRI	SAT	SUN
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EMPLOYMENT HISTORY

Starting with your most recent employment give brief details of up to four of your previous employments.

EMPLOYER: JOB TITLE:

DATES FROM: TO: SALARY OR HOURLY RATE:

RESPONSIBILITIES:
.....

EMPLOYER: JOB TITLE:

DATES FROM: TO: SALARY OR HOURLY RATE:

RESPONSIBILITIES:
.....

EMPLOYER: JOB TITLE:

DATES FROM: TO: SALARY OR HOURLY RATE:

RESPONSIBILITIES:
.....

EMPLOYER: JOB TITLE:

DATES FROM: TO: SALARY OR HOURLY RATE:

RESPONSIBILITIES:
.....

ADDITIONAL RELEVANT EMPLOYMENT INFORMATION:

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.....
.....
.....

EDUCATION

NAME OF SCHOOL, COLLEGE OR UNIVERSITY	DATE FROM	DATE TO	QUALIFICATIONS GAINED OR CURRENTLY WORKING TOWARDS

HOBBIES & INTERESTS**REFEREES**

Give the names addresses and day time phone number of two referees, preferably including your most recent employer or course tutor.

NAME:

NAME:

ADDRESS:

ADDRESS:

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.....

.....

.....

POST CODE:

POST CODE:

TELEPHONE:

TELEPHONE:

SIGNATURE:

DATE:

Thank you for taking the time to fill in this form and for the interest that you have shown in our business. Please attach a current CV if possible. You will be contacted to discuss this application further should we have any positions available that match your experience and qualifications. All applications are kept on file for a period of one year and are reviewed as and when positions become available.