

**BUCKINGHAM GARDEN CENTRE
& BUCKINGHAM NURSERIES LTD**
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APPLICATION FORM

PERSONAL DETAILS

NAME: TELEPHONE (S):

ADDRESS: EMAIL:

..... DATE OF BIRTH:

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 |
|-----|-----|-----|-----|-----|-----|-----|

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. 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.