

Please complete this application form in black ink

Position applied for: - Seasonal Christmas Elf

		ch weekend up to Christmas (pl	us 3 additional week days	20 th , 21 st & 24 th December)				
Personal Inform	mation							
Surname:								
Forenames:								
Title (Mr, Mrs,	Miss, Ms, etc.):							
Previous names	(if any):							
Current address:	:							
Daytime telepho	ne number:							
E-mail address								
•	right to take up e	mployment in the UI	X and, if necessar	y, a Work Permit?				
Yes/No								
Dates you are no	ot available for int	terview:						
T1 4: 1	O 1'0' 4'							
Education and	_	aa layal in ahranalaa	ical order					
From	To	ee level in chronolog Establishment	icai order	Qualifications Gained				
FIOIII	10	Establishment		Qualifications Gameu				
Postgraduate edi	l ucation or study o	r any other profession	nal qualifications					
From	To	Qualifications Gained						
TIOM	10	Establishment		Quantications Gameu				
Employment hi	istory							
	•	three jobs beginning	g with your pre	sent or most recent. Any				
_	•	ay also be mentioned		some of most recont. This				
From	To	Name and address		Job Title				
Do you hold a fi	ll driving licence	! ? If yes, do you have	any current endo	rsements?				

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Do you have any other training, qualifications or	skills relevant to the post?									
Please use this space to say why you are interested in the post for which you have applied and provide any other information that may assist your application.										
Have you made a previous application to the Company? If so, when was this and what was the outcome?										
How many weeks' or months' notice do you have to give to your current employer?										
If you are disabled, please give details of any special arrangements you would require to attend interview.										
Referees Please give details of two referees, one of whom	should be your current or most recent employer									
First referee	Second referee									

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection.

Signed:	 	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•			•	•	•	•
Date:	 		•			•		•	•	•	•	•	•	•	•	•	•	•	•	•	•		•		•	•	•			•	•

Please return the completed application to: The personnel Department
Poplars Garden Centre
Harlington Rd
Toddington
Dunstable
Beds
LU5 6HE

This application will remain on file for a maximum of six months from completion date.

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