



Confidential

## CONNICK TREE CARE

**Position Applied for**

*(please complete in block capitals & black ink)*

Job Title	<input type="text"/>
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### Personal Details

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Tel No.	<input type="text"/>	Postcode	<input type="text"/>
Mob No	<input type="text"/>		
Email.	<input type="text"/>		

### General Details

Do you hold a current driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state type and date test passed	<input type="text"/>	
Are there any restrictions on your continued residence or employment in the UK?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No - If yes, please give details:	
<input type="text"/>		

### Educational Qualifications

<input type="text"/>
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**Technical & Professional Qualifications**

**Employment History** (Current or most recent first)

1. Employers Name/Address	<div style="border: 1px solid black; height: 70px;"></div>		
Job Title	<div style="border: 1px solid black; width: 290px; height: 25px;"></div>	Dates From/To	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>
Duties	<div style="border: 1px solid black; height: 30px;"></div>		
Reason for Leaving	<div style="border: 1px solid black; height: 35px;"></div>		
2. Employers Name/Address	<div style="border: 1px solid black; height: 70px;"></div>		
Job Title	<div style="border: 1px solid black; width: 290px; height: 25px;"></div>	Dates From/To	<div style="border: 1px solid black; width: 100px; height: 25px;"></div>
Duties	<div style="border: 1px solid black; height: 30px;"></div>		
Reason for Leaving	<div style="border: 1px solid black; height: 35px;"></div>		

3. Employers Name/Address	<input type="text"/>		
Job Title	<input type="text"/>	Dates From/To	<input type="text"/>
Duties	<input type="text"/>		
Reason for Leaving	<input type="text"/>		
(continue on separate sheet if required)			

**References**

(Please give details of two referees. One should preferably be your present or most recent employer. References from friends or relatives are not acceptable)

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Tel No.	<input type="text"/>	Tel No.	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>

**Experience/Skills**

(Please give details of specific information or skills and experience that may support your application for this post)

(continue on a separate sheet if required)

## Convictions and Offenses

Do you have any criminal convictions or Driving Offenses

Yes

No

*If yes, please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974*

## Declaration & Signature

The information supplied in this application form is accurate to the best of my knowledge

.....  
Signed

.....  
Print

.....  
Date

### Data Protection Statement

The information provided on this form will be used to process your application for employment. The personal information that you give us will be used in the administration of your employment with us should you succeed in your application.

By signing this form we will be assuming that you agree to us using personal data, (as described above), in accordance with our compliance with the Data Protection Act

## We are an Equal Opportunities Employer

Please return your completed application form and equal opportunities form to

Connick Tree Care  
New Pond Farm, Woodhatch Road, Reigate , Surrey RH2 7QH  
Tel: 01737 779191 Fax: 01737 765775



### Equal Opportunities Monitoring Form

Connick Tree Care is an Equal Opportunities Employer. No employee will be treated less favourably than another or discriminated against either directly or indirectly on the grounds of colour, nationality, religion ethnic origin, disability, age, gender, marital status or sexual orientation. The questions on this form are designed solely to assist us in monitoring the effectiveness of our Equal Opportunities Policy. If you have any questions about this form, please contact our office.

<b>Personal Details</b>	
Name (Print):	
Signed:	
Date of Completion:	
Sex:	
Marital Status:	Single / Married / Separated / Divorced / Widowed *

\*Circle As Applicable

The categories below are those defined by the Commission of Racial Equality. Please tick the category which applies to you:

White	
Black Caribbean	
Bangladeshi	
Irish	
Black British	
Indian	
Chinese / Other Asian	
Black African	
Pakistani	
Asian British	
Black Other	
Mixed Race	
Other	

Do you consider yourself disabled?	Yes	No
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If yes, please give details and information on any adjustments or special equipment that may be required. (Continue overleaf as necessary)

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