**Job Application Form (Part-Time)**

Note: If you have already sent a c.v. then sections 5 and 6 can be left blank.

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| 1. Personal Details
 |
| Forename |  | Surname |  |
| Address & postcode |  |
| Telephone |  | Mobile |  |
| Email |  |

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| 1. Continuing Part-Time Employment / Voluntary Work / Studies

Please list any existing employment, voluntary work or studies that you wish to continue and which will restrict the times you can work with us. |
| Work | Day(s) of the week or if flexible the equivalent number of days per week or month that you would not be available |
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| 1. Other Commitments as that Restrict your Availability
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| 1. **When could you start work with us?**
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| 1. Previous Relevant Employment and Voluntary Work

Please list any previous employment or voluntary work relevant to your work with us. |
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| 1. Relevant Education **& Training**

You do not have to list all your qualifications but please at least give details of any qualifications, courses and other training that you feel could be relevant to your work with us. |
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| 1. Your Aspirations

Why would you like to work for us and what are your longer term ambitions? |
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| 1. Additional Information
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| Do you smoke? |  |
| Do you suffer from any illness or health problem – especially any back or knee problems - that may affect your ability to carry out this role? |  |
| If yes, please give details below: |
|  |
| Would you be available for early morning harvests during peak season and if so what time could you start (harvests start between 02.00 and 05.00)? |  |
| Do you have a full UK driving licence and if so how long have you had it? |  |
| How would you travel to and from the farm? |

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| 1. References

Please provide names and addresses or telephone numbers of two referees whom we could contact should you accept an offer of work with us. These should not be relatives. |
| Name |  |
| Position or relationship |  |
| Address & postcode |  |
| Telephone |  |
| Name |  |
| Position or relationship |  |
| Address & postcode |  |
| Telephone |  |

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| 1. Declaration
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| I confirm that to the best of my knowledge the above information is correct.  |
| Signature |  | Date |  |