

Application Form

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:	First Name (s):	
Address:		

Contact Tel. No:	

Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give furt	her details including date	25.	
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full detai	ls.		
Are you subject to any restractivities?	rictions or covenants which r	night restrict your working	YES/NO
If YES, please give full detai	ls.		
Are you willing to work overtime and weekends where required?			YES/NO
Please give details of any he	ours you would not wish to v	vork:	
Have you any convictions (o Offenders Act 1974)?	other than spent convictions	under the Rehabilitation of	YES/NO
If YES, please give full detai	ls		
	his husiness hefered		
Have you ever worked for this business before?			YES/NO
If YES, please give full detai	ls		
Have you applied for employment with this business before?			YES/NO
Do you need a work permit to take up employment in the UK?			YES/NO

How much notice are you required to give to your current employer?

hy have you applied for this position?	
hat skills and experience can you bring to Lime Trees?	

EDUCATION

Schools attended since age 11	From	То	Examinations and Results
College or University	From	То	Courses and Results
Further Formal Training	From	То	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

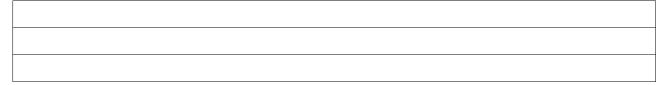
Are you currently employed?

YES/NO

Name of present or I	ast employer:
Address:	
Telephone No:	
Nature of Business:	
[
Job title and a brief o	description of your duties:
Reason for leaving:	

INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

From:



DISABILITIES

Length of service:

Lime Trees Vets Ltd. is an equal opportunities employer and encourages applications from candidates with disabilities. If applicable, please give brief details of any disability and reasonable adjustments required to accommodate an interview.

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal I understand these details will be held in confidence by Lime Trees Vets Ltd., for the purpose of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998

Signature:

Date:

To:

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) Can we approach your current employer before an offer of employment is made? YES/NO

Name: Name:	
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