

**Thrigby Hall**

**Wildlife Gardens**

**Application for Employment**

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| **Position applying for**: |  |
| How did you hear about this vacancy? |  |
|  |
| **Title** (Mr/Mrs/Miss/Ms/Other) |  | **Surname** |  |
| **Forenames** |  | **Date of Birth** |  |  |
| **Address** |  |
|  |
| **Postcode** |  | **Email address** |  |
| **Mobile No.** |  | **Tel. no.** |  |
| In order to fulfil our obligation to the Immigration Act 2014, we need to be able to verify that you have the right to work  in the UK. Therefore if you should be offered employment you will need to provide one of the following:  **• Passport** **• Birth Certificate & P45/P60** (Birth certificate should show at least one of the parents names) **• Birth Certificate & National Insurance Card** **• Work Permit** **• Letter from the Home Office** |
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| **Education** (Please give details of Schools, Colleges, Universities, Polytechnics etc attended in date order) |
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| --- | --- | --- | --- |
| School(s) name and address | Date From | Date To | Examinations and Results |
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**Please complete and return to:- The Zoological Director,**

**Thrigby Hall Wildlife Gardens, Filby Road, Thrigby, Norfolk. NR29 3DR**

**Or email to sarah@thrigbyhall.co.uk**

By completing this form you are giving your consent to the processing of this

Data in respect of your application.

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| **Details of Present or Last Employer** |
|  |
| From: |  | To: |  | Position/Job Title: |  |
| Name and Address of Company: | Main Duties: |
|  |  |
| Nature of Business: |  | Salary £: |  | Responsible to: |  |
| Reason for leaving: |       |
|  |  |
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| **Details of Previous Employers**  | (starting with most recent first). Please cover at least 5 years continuous employment and continue on a separate sheet if necessary. |
|  |
| From: |  | To: |  | Position/Job Title: |  |
| Name and Address of Company: | Main Duties: |
|  |  |
| Nature of Business: |  | Responsible to: |  |
| Reason for leaving: |  |
|  |
| From: |  | To: |  | Position/Job Title: |  |
| Name and Address of Company: | Main Duties: |
|  |  |
| Nature of Business: |  | Responsible to: |  |
| Reason for leaving: |  |
|  |
| From: |  | To: |  | Position/Job Title: |  |
| Name and Address of Company: | Main Duties: |
|  |  |
| Nature of Business: |  | Responsible to: |  |
| Reason for leaving: |  |

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| **What is your availability to work?** |
| Can you work during: | Any days | [ ]  Yes | [ ]  No |
|  | Specific hours – please state |  |  |
|  | Bank Holidays | [ ]  Yes | [ ]  No |
|  | Weekends | [ ]  Yes | [ ]  No |
| Can you be flexible with shifts? | [ ]  Yes | [ ]  No |
| Do you have any pre-booked holiday commitments? | [ ]  Yes | [ ]  No |
| If yes, please give dates: |  |  |
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| **Transport** |
| Do you have your own transport? [ ]  Yes [ ]  No |
|  |  |
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| **Drug & Alcohol Testing** |
| The company has a zero tolerance towards drugs and alcohol.We therefore operate a random Drug & Alcohol testing policyAre you prepared to accept this policy [ ]  Yes [ ]  No(Samples of urine are used for random drug testing) |
| **Why do you want to apply for this position** (please continue on a separate sheet if necessary) |
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| **Supporting Information** |
| **Skills**  | Please summarise any acquired skills relevant to the role applied for. |
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| **Additional Information**  | Please use this area to detail any other information which you feel may be relevant to your application e.g. hobbies. (Continue on a separate sheet if necessary). |
|  |
| **Rehabilitation of Offenders Act 1974** – Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 (as amended in 2013). [ ]  Yes [ ]  No |
| If yes, please give details: **If the job you are applying for involves working with or looking after children or vulnerable adults, it is the Company’s policy to carry out a police record check. By signing the application form you hereby authorise the Company to carry out such checks as necessary.** |
| **If you require any particular arrangements to attend an interview, please give details** |
| **It is the Company’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of disability, race, religion/belief, age, sex, sexual orientation, gender reassignment, marriage/civil partnership or maternity.** |
| **I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information.****I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.** |
| Signature:  |  |  Date:  |  |  |
| If my application is unsuccessful I am happy for this form to be kept on file for a maximum of 12 months. [ ]  Yes [ ]  No  |
| Last updated: 11/2/2020 |