The contents of this form will be treated as confidential

**Position Groundsman / Park Assistant**

**Personal Details**

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| **Surname**  | **Forenames**  |
| **Mr/Mrs/Ms/Miss (delete as appropriate)** | **Address**  |
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| **Post Code**  | **Telephone number**  |
| **Email Address:**  |
| **National Insurance Number:**  |
| **Are you willing to work weekends? YES** / **NO (delete as appropriate)** |
| **Do you have a current driving licence? YES** / **NO (delete as appropriate)** |
| **Driving Licence No:**  |
| **If there any endorsements on your driving licence, please give details below:** |
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**Education History (including any vocational certificates/qualifications held)**

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| **School / College /****University attended****(From – To)** | **Qualifications/Grade Gained** |
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**Current Employment**

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| --- | --- | --- | --- | --- | --- |
| Length of Employment | Name & address of Employer | Job Title | Responsibilities/Duties | Rate of Pay | Reason for Leaving |
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| **Notice period required with current employer:** |

 **Previous Employment History**

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| --- | --- | --- | --- | --- | --- |
| Length of Employment(from – to) | Name & address of Employer | Job Title | Responsibilities/Duties | Rate of Pay | Reason for Leaving |
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**Grounds maintenance Experience/Skills – please give full details**

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| **Can you drive a tractor competently? YES** / **NO (delete as appropriate)** |
| **Can you reverse a trailer competently? YES** / **NO (delete as appropriate)** |
| **Have you operated plant & machinery? YES\***/ **NO (delete as appropriate)****\*If yes please give specific details of the type of machinery operated and jobs done** |
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| **Have you operated a ride on mower? YES\***/ **NO (delete as appropriate)****\*If yes please give details of the type of mower operated and jobs done** |
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**Building and other maintenance Experience/Skills – please give full details**

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**General Comments, including your reasons for applying for this position, your main achievements to date, your best qualities and the strengths you would bring to this post.**

Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail. If you find there is insufficient space, please continue on a separate sheet.

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**Leisure**

Please give details of your leisure interests, sports and hobbies and other pastimes.

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**References**

Please give the name and address of two people from whom we may obtain a character and work experience reference. Please advise us if you would prefer us not to approach any reference yet and the reason why.

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| **1****2** |  |
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**Criminal Record – Basic Disclosure Check**

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. For the purpose of this post we will be undertaking a basic disclosure check with Disclosure Scotland. www.disclosurescotland.co.uk

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**Health Records**

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| Do you have any disabilities that might affect your application?If YES, please tell us if there are any reasonable adjustments we can make to assist you in your application | YES / NO(delete as appropriate) |
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**Declaration**

Please read this carefully before signing the application

**Yes / No** (please delete as appropriate) **I confirm the above information is complete and correct.**

Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.

***If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.***

**Yes / No** (please delete as appropriate) **I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties. I have given my explicit consent freely.**

**Yes / No** (please delete as appropriate) **I authorise you to contact the above two stated referees.**

**Yes / No** (please delete as appropriate) **If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.**

Signed: …………………………………………………… Dated: …………………………