



Howletts & Port Lympne Wild Animal Parks

APPLICATION FOR EMPLOYMENT

Please write clearly

POSITION APPLIED FOR:

PARK APPLIED FOR : Howletts/Port Lympne.....

Mr/Mrs/Ms/Miss SURNAME.....

FORENAMES.....

ADDRESS

.....POSTCODE

TELEPHONE NUMBERS: Home.Mobile

E-MAIL

NATIONALITYNATIONAL INS NO:

DO YOU SMOKE YES / NO ARE YOU IN GOOD HEALTH? YES / NO

ARE THERE ANY DISABILITIES THAT MAY AFFECT YOUR APPLICATION?
YES / NO

IF YES, then please describe the disabilities and any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job or any adjustments in the job itself which would enable you to carry it out

.....
.....
.....

PLEASE INDICATE HOW MANY DAYS/WEEKS ABSENCE YOU HAVE HAD IN THE PAST TWELVE MONTHS THROUGH SICKNESS/ILL HEALTH

DO YOU HAVE A CLEAN CURRENT DRIVING LICENCE? YES / NO

DO YOU OWN A CAR OR MOTORCYCLE? YES / NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UK? YES / NO

ARE YOU A STUDENT

YES/NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, OTHER THAN A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974? YES / NO

IF YES PLEASE DESCRIBE

EDUCATION

SCHOOL/COLLEGE	EXAMS & GRADES

MEMBERSHIP OF PROFESSIONAL ORGANISATION:

INTERESTS / HOBBIES

.....

EMPLOYMENT

ARE YOU LOOKING FOR FULL-TIME WORK?

YES / NO

IF PART-TIME PLEASE STATE DAYS / HOURS AVAILABLE

.....

IF OFFERED THIS POSITION, DO YOU INTEND TO CONTINUE WORKING IN ANY OTHER CAPACITY? YES / NO

IF YES, PLEASE GIVE DETAILS

HAVE YOU PREVIOUSLY WORKED FOR US? YES / NO

EMPLOYMENT HISTORY

Please give details below of your past employment, starting with your present or most recent employer:

●
NAME OF BUSINESS

ADDRESS

.....

TYPE OF BUSINESS

YOUR DUTIES

.....

EMPLOYED FROM TO

STARTING PAY LEAVING PAY

REASONS FOR LEAVING / LEFT.....

●
NAME OF BUSINESS

ADDRESS

TYPE OF BUSINESS

YOUR DUTIES

.....

EMPLOYED FROM TO

STARTING PAY LEAVING PAY

REASON FOR LEAVING

●
NAME OF BUSINESS

ADDRESS

TYPE OF BUSINESS

YOUR DUTIES

.....

EMPLOYED FROM TO

STARTING PAYLEAVING PAY

REASON FOR LEAVING

MAY WE CONTACT ANY OF YOUR PREVIOUS EMPLOYERS? YES / NO

If no, which ones do you not wish us to approach

.....

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references, after obtaining your permission

NAME	NAME
OCCUPATION	OCCUPATION
ADDRESS	ADDRESS
TELEPHONE NO:	TELEPHONE NO:

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 race, colour, national origin, sex, age or marital status.

.....

Please use the space below to tell us why you feel you should be selected for the post you have applied for:

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.

DECLARATION

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.

SIGNATUREDATE

Please return to: Human Resources Manager
Port Lympne Wild Animal Park
Port Lympne Nr. Hythe
Kent
CT21 4PD