

Application form for The Gardeners Arms

Name: _____ Address: _____
_____ Post code _____

Contact Telephone: _____ Email: _____

What Role are you applying for? Please tick box

Bar/Waiting Chef KP(washing Up)

What Hours? (Please tick box)

Full time Part Time

What shifts are you available to work (please tick boxes)

	Morning	Daytime	Afternoon	Evening	Any additional information on Shift availability
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you hold a full UK driving licence? (Please circle) YES / NO

Do you have any illness that may affect you work? (Please circle) YES / NO

If YES please give details

Do you have a criminal record? (Please circle) YES / NO
If YES please give more information

Are you legally able to work in the U.K. (Please circle) YES / NO

Why do you want to work for us?

Give an example of when you have shown leadership

Give an example of when you have shown teamwork

What are your strengths?

What have you learnt from previous jobs/work experience?
