

Please return your completed form to:

**Shetland Grasscutting,
5a Gremista Industrial Estate,
Lerwick, Shetland ZE1 0PX**

Or fax to: 0871 714 2017

Closing date Monday 29th March.



Job application form

All information will be treated as confidential.

You may attach supplementary pages if necessary. Please complete clearly, preferably in block capitals.

Position(s) applied for:	
Title:	Full name:
Address & postcode:	
If you have lived at the above address for less than two years, please give your previous address:	
Landline number:	Mobile:
Email address:	N.I. number:
Are you legally entitled to live and work in the UK, and can you produce supporting documentation?	
Have you any convictions (other than spent convictions under the rehabilitation of offenders act 1974)? If so, please provide details:	
Have you ever been dismissed by an employer or quit without giving notice? If yes, please provide details:	
Details of absence(s) from work during the last 2 yrs, excluding holidays:	

We need to ask you some details regarding your health and wellbeing, in order that we can meet our obligations under Health and Safety regulations. Please note that ill health need not preclude employment.

The Disability Discrimination Act 1995 protects people from unlawful discrimination. If we know you have a disability we can make adjustments to the working environment provided it is reasonable in the circumstances to do so.

Do you have a disability? If yes, to assist us in considering your application, please let us know if you believe there are any reasonable adjustments we could make, and provide details:

Do you smoke? Date of last tetanus inoculation:

Have you ever suffered from any of the following (tick yes or no, and provide details where relevant):

	No	Yes	Details
Skin diseases			
Hearing defect			
Asthma			
Hay fever			
Allergy			
Heart disease			
High blood pressure			
Migraine			
Diabetes			
Fits			
Blackouts			
Epilepsy			
Mental illness			
"Slipped disk"			
Serious backache			
Sciatica			
Back injury			
Eye disease or injury			
Defect of vision			
Carpal tunnel syndrome			
Vibration whitefinger			
Raynaud's disease			

Any other illness or condition you wish to declare:

Please provide the name(s) and telephone number(s) of at least one person who can be contacted if you are injured at work:

Please give details of at least three people (one of which should preferably be your present or most recent employer, or for students, the head of your year) whom we may approach for a reference. Please note that we reserve the right to approach any of your previous employers for a reference, but that we will not contact your current employer without your prior consent. May we approach your current employer for a reference?

Name:
Position:
Organisation & address:
Phone:
Email:

Name:
Position:
Organisation & address:
Phone:
Email:

Name:
Position:
Organisation & address:
Phone:
Email:

Name:
Position:
Organisation & address:
Phone:
Email:

Please complete your employment history below, most recent first, accounting for any breaks between the dates. Continue on another sheet if necessary.

Organisation & contact details	Dates (from-to)	Position & responsibilities	Hourly rate / salary & benefits	Reason for leaving

Educational qualifications & training (please also detail expired certificates) - continue on another sheet if necessary:

Please give details of your driving license & driving history, including any endorsements, convictions, accidents, claims, and if applicable, the date you passed your test.

How do you intend to travel to and from work?

Are you willing to work Bank Holidays?	Are you willing to work flexible hours (early starts, late finishes etc)? Please detail your preferences.
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Please state the days and time when you will be available to work.

	MON	TUE	WED	THU	FRI	SAT	SUN
Earliest time available							
Latest time available							

Total number of hours available to work each week:

How much notice do you need to give your current employer, and when can you start work?

Why do you want this job?

Is there any additional information which you feel might have a significant bearing upon your application? Please detail.

If successful in obtaining employment, I understand that I may be summarily dismissed if details which I have given are subsequently found to be false, or if I have attempted to mislead or deceive by omitting vital information.

Signed..... Date.....

Please note that due to the high volume of applications anticipated, we will not be able to acknowledge receipt of your application form.

Only shortlisted candidates will be notified of the outcome of their applications; if you have not heard from us within four weeks, you should assume that your application has been unsuccessful on this occasion.

Office use only

Start date:	Position:	Rate:
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Equal Opportunities Monitoring Form



We have an Equal Opportunities policy. In order to fulfill the objectives of our policy, we use written systems and procedures. This Monitoring Form is used to review the effectiveness of these systems, and for no other purpose.

This Monitoring Form is separated from the rest of the application upon receipt. The information provided on it is regarded as strictly confidential, forms no part of the selection process, and will not be transferred onto a computer.

Completion of this form is optional.

Name:

Age:

Marital status:

Date of birth:

Gender:

Nationality:

What is your ethnic group? Please choose ONE section from A to E, then tick the appropriate box to indicate your ethnic background (these ethnic categories reflect the 2001 census).

A White

British

Irish

Any other White background, please detail below

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please detail below

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, please detail below

D Black or Black British

Caribbean

African

Any other Black background, please detail below

E Chinese or other ethnic group

Chinese

Any other ethnic group, please detail below

Disability

Do you consider yourself to be disabled? YES / NO

If yes, please give details

Caring Responsibilities

Do you have any caring responsibilities (eg, young children, dependant relatives)?

How did you hear about this vacancy?

Newspaper

Friend / relative

Job Centre

SGS employee or proprietor

Website

Other method (please detail)
