

Position Applied For	:
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Please use BLOCK CAPITALS

Personal Details

Date Applied:

Name:		
Date of Birth:	N.I. Number:	
Address:		
Post Code:		
Telephone Numbers		
Home:	Mobile:	
Email:		
Do you hold a valid/full Drivers License? Yes	□ No □	
(Please bring to interview with you)		
Right to work in the UK Do you need a work permit to work in the UK? Yes \Box No \Box		

Have you been employed by Newman Landscapes Ltd before? Yes 🗌 No 🗌
Are you prepared to work overtime if required? Yes \Box No \Box
In Winter, would you be prepared to work evenings for gritting duties? Yes \Box No \Box
For gritting duties would you work weekend and public holidays? Yes \Box No \Box
Do you have previous ground maintenance experience? Yes \Box No \Box
Are you currently in employment? Yes 🛛 No 🗆
If yes, is it okay if we contact your current employer? Yes \Box No \Box
Have you got a criminal record? Yes 🛛 No 🗆
If yes, please provide details:
Newman Landscapes Ltd maintain sites that require a CRB/DBS Check.
Will you consent to completing one? Yes <pre>O</pre> No <pre>O</pre>

Other Information

Current / Most Recent Employer

Company Name:	
Managers Name:	
Address:	Post Code:
Telephone Number:	
Date Started:	Date Left:
Reason for Leaving:	

Employment History		
Please list previous employers (or enclose your C.V)		
Company Name:		
Address:		Post Code:
Telephone Number:		
Date Started:	Date Left:	
Reason for Leaving:		
0		
Company Name:		
Address:		Post Code:
Telephone Number:		
Date Started:	Date Left:	
Reason for Leaving:		
Company Name:		
Address:		Post Code:
Telephone Number:		
Date Started:	Date Left:	
Reason for Leaving:		
Company Name:		
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Address:	Post Lode:
Telephone Number:	
Date Started:	Date Left:
Reason for Leaving:	

Education / Training

Please start with the most recent school / college / training provider

Education/Training Provider Name:		
Address:		Post Code:
Date Started:	Date Finished:	
Qualification/Training Details:		
Education/Training Provider Name:		
Address:		Post Code:
Date Started:	Date Finished:	
Qualification/Training Details:		
Education/Training Provider Name:		
Address:		Post Code:
Date Started:	Date Finished:	
Qualification/Training Details:		

Experience (please tick all that apply)

	Yes	No	Details
Grounds Maintenance			
General Maintenance			
Arborist Work/Tree Surgery			
Hard Landscaping			
Tractor			
Machine Maintenance			
Winter Gritting			

Special Skills (Please give details of any relevant special skills

References:

Please provide details of two individuals (not related to you) and who are familiar with your work.

Name:	
Job Title:	
Address:	Post Code:
Contact Number:	
Email address:	
Previous Employer: Yes 🗌 No 🗌	
Name:	
Job Title:	

Post Code:

Address:

Contact Number:

Email address:

Previous Employer: Yes 🗌 No 🗌

Do you consent to Newman Landscapes Ltd contacting your referees prior to an interview being offered? Yes
No

At times Newman Landscapes Ltd complete random drug testing. Would you consent to a drug test prior to your employment? Yes
No
No

Newman Landscapes Ltd provide the opportunity for job/role progression and further training. Would you be interested in this? Yes
No
No

Applicant's signature: Date:

Thank you for completing the application.

Please return to the address on the front of the form or email: linewman@newmanlandscapes.co.uk