

LINTON ZOOLOGICAL GARDENS

JOB APPLICATION FORM

Position applied for:
Full Time* Part Time* Seasonal* * delete as necessary

If seasonal/part time please specify

Full Name: Sex: M/F

Address:

.....

.....

Tel. No: D.O.B.:

Email address:

National Insurance Number: Do you smoke? YES/NO

Method of transport to work:

Nationality: Marital Status:

Do you hold a full clean UK Driving Licence? YES/NO

If NO give details:

Do you suffer from any known illness? YES/NO

If YES give details:

Do you suffer with any medical problem that may put you at risk while working with any of the livestock within the gardens? YES/NO

If YES give details:

Are you currently under the care of a medical professional? YES/NO

If YES give details:

Do you have an allergies? YES/NO

If YES give details:

Are you registered disabled? YES/NO

If YES give details:

Have you ever been convicted of a criminal offence? YES/NO

WARNING: If any such conviction is not disclosed then the offence of obtaining employment by deception - a pecuniary advantage, may have been committed (Contrary to Sec. 16(1) Theft Act 1968).

Please give details of your education and achievements:

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.....

Do you have any professional qualifications, training or other?

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.....

Do you have a First Aid Certificate?

Please indicate what your best skills are:

.....
.....

Please give any further information:

.....
.....

Please indicate the salary you are looking for

EMPLOYMENT HISTORY - PAID OR VOLUNTARY

(please continue on a separate sheet of paper if necessary)

Name of previous employer	
Address	
Telephone number	
Position held	
Salary earned	
Period of employment	From: To:
Reason for leaving	

Name of previous employer	
Address	
Telephone number	
Position held	
Salary earned	
Period of employment	From: To:
Reason for leaving	

EMPLOYMENT HISTORY (continued)

Name of previous employer		
Address		
Telephone number		
Position held		
Salary earned		
Period of employment		From: To:
Reason for leaving		

Name of previous employer		
Address		
Telephone number		
Position held		
Salary earned		
Period of employment		From: To:
Reason for leaving		

Name of previous employer		
Address		
Telephone number		
Position held		
Salary earned		
Period of employment		From: To:
Reason for leaving		

Name of previous employer		
Address		
Telephone number		
Position held		
Salary earned		
Period of employment		From: To:
Reason for leaving		

Signature: Date:

Please return this form to:
Kim Simmons, Linton Zoo, Hadstock Road, Linton, Cambridge. CB21 4NT