

RAGT APPLICATION FORM – Summer Harvest

Please ensure you complete all sections

PERSONAL INFORMATION			
Name		Email	
Date of Birth		National Insurance Number	
Mobile		Telephone Number	
Address			
AVAILABILITY			
Please state the actual dates you will be available for employment			
WORK PERMITS			
Are there any restrictions on your residence in the UK that might affect your right to take up employment in the UK?			
Do you require a permit to work in the UK?			
If yes, please provide your HMRC share code			
Do you speak or read a foreign language? If yes, please detail.			
EDUCATION			
Name of School			
Examination passed and Grades			
Name of College			
Examinations passed and Grades			
Name of University			
Type of Course			
Subjects Studied			
Qualification/Class of Degree			
EMPLOYMENT HISTORY			
Name and address of Employer		Position held / nature of work	Salary
SUPPORTING STATEMENT			
A brief statement in support of your application including relevant work experience, skills etc.			

OTHER SKILLS

	Details	Date Obtained
Do you hold a current driving licence?		
Is it a full or provisional licence?		
Do you have experience of driving a forklift?		
Do you have experience of driving farm machinery		

HEALTH

Summer harvest work can be a physically demanding job, please keep that in mind when answering the following questions.

Are you in good physical health?	
Do you suffer from hay fever?	
Are there any health problems, which may affect your application? If yes, please give details	

Please note that if your application is successful and you are offered fixed-term employment, the offer will be conditional upon completion and return of a pre-employment health-screening questionnaire, followed by satisfactory screening by our Occupational Health Advisor.

REFERENCES

Please forward one reference from either a tutor or former employer with your application form and give names and addresses of two more persons from whom references may be obtained

Reference One

Reference Two

Type of Reference (Professional/Personal)		Type of Reference (Professional/Personal)	
Name		Name	
Address		Address	
Email		Email	
Telephone		Telephone	

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.

Signature		Date	
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ONCE COMPLETED PLEASE RETURN TO:

Where possible please EMAIL completed applications by way of email address provided below. If you have any queries, please do not hesitate to contact us and we will be happy to help.

Name:	Anna McConnell, Business Administration Manger
EMAIL:	AMcConnell@ragt.fr
Address:	RAGT Seeds Limited, Grange Road, Ickleton, Essex, CB10 1TA
Telephone:	01799 533700