

APPLICATION FOR EMPLOYMENT

Are you applying for: - Permanent Day Work Temporary Work – Days
 Permanent Evenings Temporary Work – Evenings

1. PERSONAL DETAILS

Surname Mr, Mrs, Miss..... Date of Birth.....
 First Names..... Place of Birth.....
 Address..... Marital Status.....
 *Do you hold a full driving licence? Y/N
 *Do you own a car? Y/N
 Number of children.....Ages..... *If no to either of above how do you propose
 Tel. Number (Day).....(Evening)..... to travel to work?.....
 Are you a British or EC Citizen? Yes No
 If 'No' do you have authorisation to work in Britain? ** Yes No

**** IF YOU HAVE ANSWERED YES TO AUTHORISATION TO WORK IN BRITAIN YOU WILL BE ASKED TO PROVIDE PROOF AT INTERVIEW – THIS COULD BE IN THE FORM OF YOUR PASSPORT OR FULL BIRTHCERTIFICATE AND WRITTEN CONFIRMATION OF YOUR NATIONAL INSURANCE NUMBER.**

Failure to provide the relevant information may result in the interview being cancelled

2. MOST RECENT EMPLOYMENT HISTORY

MONTH & YEAR		EMPLOYERS NAME & LOCATION	DUTIES	REASON FOR LEAVING & WAGES
FROM	TO			

3. GENERAL

Do you know anyone who currently works at Vale of Mowbray? Yes/No
 If YES please state name(s)..... Interests/ Hobbies
 If you were offered a position, when could you start work?.....
 Are you a member of a Trade Union? Yes/No If 'Yes' which one?.....
 Have any Court Proceedings ever been taken against you? Yes/No Details.....
 Are any Court proceedings pending? Yes/No Details.....

PLEASE COMPLETE THE ATTACHED HEALTH ASSESSMENT FORM

PRE-EMPLOYMENT HEALTH ASSESSMENT - CONFIDENTIAL - PART 1

The following questions are necessary because of the strict Health Regulations that apply within the food industry and because **we need to be aware of any difficulties that you may have which we will need to make special provision for if you join our Company.**

SECTION 1 Have you ever suffered from any of the following?

TYPHOID	YES/NO	PARATYPHOID	YES/NO	DYSENTRY	YES/NO
SALMONELLA	YES/NO	HEPATITIS A	YES/NO	TUBERCULOSIS	YES/NO
1. Are you a known carrier of any of the above?					YES/NO
2. In the last 21 days have you knowingly been in contact with anyone suffering from any of the above?					YES/NO
3. Have you ever had any other 'tropical' disease, e.g. Malaria?					YES/NO

SECTION 2 Do you suffer from any of the following on your hands, face, neck, head or ears?

ECZEMA YES/NO **DERMATITIS** YES/NO

If YES please give details.....

SECTION 3 Do you suffer from any of the following?

A NERVOUS CONDITION (eg depression/anxiety/stress) YES/NO

BLACK OUTS	YES/NO	ASTHMA	YES/NO	THROMBOSIS	YES/NO
DIZZINESS/FAINTING	YES/NO	VERTIGO	YES/NO	HEART TROUBLE	YES/NO
RHEUMATISM	YES/NO	ARTHRITIS	YES/NO	EPILEPSY	YES/NO

ALCOHOL OR DRUG ABUSE OR DEPENDENCY ON EITHER YES/NO

If a 'Yes' response has been given in section 3, please provide details, and including treatment received on the back of this form.

SECTION 4 Have you experienced any of the following in the last 5 years:-

1. Problems with your back when lifting, pulling, pushing etc?	YES/NO
2. Problems using your hands, wrists or arms?	YES/NO
3. Suffered from Repetitive Strain Injury (RSI)?	YES/NO
4. Had time off work due to a back injury?	YES/NO
5. Experienced regular pains in hands, arms, legs, neck, back or shoulders?	YES/NO
6. Had difficulty in standing for 3 to 4 hours at a time?	YES/NO
7. Been involved in an accident which left you with a permanent injury?	YES/NO
8. Left or changed your job because of health reasons?	YES/NO
9. Been rejected or discharged from HM Forces for medical reasons?	YES/NO

Also

10. Have you ever been declined Life Assurance for medical reasons?	YES/NO
11. Do you receive a pension for an Industrial Injury or a disability?	YES/NO

SECTION 5

DO YOU HOLD A HYGIENE CERTIFICATE	YES/NO	IF 'YES' IS IT BASIC/INTERMEDIATE
DO YOU HOLD A FIRST AID CERTIFICATE	YES/NO	IF 'YES' IS IT STILL VALID
DO YOU HOLD ANY OTHER CERTIFICATES	YES/NO	DETAILS.....

DECLARATION – I have answered all questions to the best of my knowledge and belief. I understand that any false statement or omission may render me liable to be dismissed should my application for employment be successful.

Signature of applicant..... Date.....

PRE-EMPLOYMENT HEALTH ASSESSMENT - CONFIDENTIAL – PART 2

SECTION 6 Do you suffer from any of the following?

- | | | | | | |
|--------------------------|--------|--|--------|--------------------------------|--------|
| MIGRAINE | YES/NO | HAYFEVER | YES/NO | HIGH/LOW BLOOD PRESSURE | YES/NO |
| DIABETES | YES/NO | BRONCHITIS | YES/NO | GLANDULAR FEVER | YES/NO |
| ULCERS | YES/NO | DYSLEXIA | YES/NO | RUPTURE/HERNIA | YES/NO |
| SPEECH IMPEDIMENT | YES/NO | | | COLOUR BLINDNESS | YES/NO |
| HEARING PROBLEMS | YES/NO | IF 'YES' DO YOU WEAR A HEARING AID? | | | YES/NO |
| POOR EYESIGHT | YES/NO | IF 'YES' DO YOU WEAR SPECTACLES? | | | YES/NO |

SECTION 7

- | | |
|---|-------------------------|
| 1. Have you ever been admitted to hospital for any reason in the last 5 years | YES/NO |
| 2. Are you taking medication for any ailment/condition? | YES/NO |
| 3. Do you bite your nails? YES/NO..... | 4. Do you smoke? YES/NO |
| 5. Have you had a tetanus vaccination in the last 12 months? | YES/NO |
| 6. Are you allergic to any medication or other substances? | YES/NO |
| If 'Yes' give details..... | |

SECTION 8

- | | |
|--|--------|
| 1. Have you in the last 7 days suffered from diarrhoea and/or vomiting? | YES/NO |
| 2. At present are you suffering from any infections of your eyes, ears, nose or mouth? | YES/NO |
| 3. Do you suffer from reoccurring boils, whitlows or styes? | YES/NO |

REFERENCES

Name and addresses from whom references can be obtained – include your current employer, or last employer if unemployed at present.

- | | |
|--------|--------|
| 1..... | 2..... |
| | |
| | |

Shoe Size

Chest Measurement

Name of person to inform in case of accident/illness

NAME

ADDRESS

TELEPHONE NUMBER

.....

Signature of Applicant

Date

Reviewed by Technical Manager	Signature:	Date:
Further action required: Yes/No		

IMPORTANT NOTES

- Employment may depend upon the receipt of satisfactory references. If so they will not normally be taken up until you have accepted our offer.
- Any offer of employment is made subject to the applicant passing a medical examination as required by The Meat Products (Hygiene) Regulations 1994.