### Application Form

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| --- | --- | --- | --- |
| **Title of post applied for:** |  | **Job Ref:** |  |

 Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

**Confidential**

**1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |   | First Name: |   |
| Former surnames if different: |   | Preferred Name or Title (Optional): |   |
| Address  |   | Tel No (home): |   |
|  |   |
| Tel No (mobile): |   |
| E-Mail address: |   |
|  |   | Nat. Insurance No: |   |

|  |  |  |
| --- | --- | --- |
| Nationality |  Delete as appropriate | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. |
| Do you need a work permit to be employed in the UK? | Yes | No | If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.) |   |
| Where did you learn of the post? |   |

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| --- | --- | --- | --- |
| Surname |  | First names |   |
| Address  |  | Relationship |   |
| Telephone |   |

**3. EDUCATION AND PROFESSIONAL QUALIFICATIONS** (Original documents as proof of qualification will be required at interview.)

|  |  |  |
| --- | --- | --- |
| **Secondary School / College / University** | **Examinations taken** | **Result** |
|  |   |   |
|  |   |   |
|   |  |   |
|  |   |   |
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|  |   |   |

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| **Professional Qualifications ( Trainings Courses) currently held: where obtained and grade:** |
|  |

|  |
| --- |
| **Other relevant Educational or Training Courses:** |
|  |

4**. PRESENT POST**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Post: |   | Salary/Grade: |   |
| Name of Employer: |   | Business of Employer: |   |
| Address |   | Date Commenced: |   |
| Date Ended(if applicable): |   |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): |
|     |
| Reason for leaving or wishing to leave |   |
| Period of notice required to terminate present employment: |   |
| Please notify us of any dates you are available for interview: |   |

 5**. PREVIOUS EMPLOYMENT(Please Provide five years experience use continuation sheet if necessary.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employers** | **Position(s) held** | **Reason for leaving** | **Date Commenced:** |
|   |   |   |  |
| Date Ended: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employers** | **Position(s) held** | **Reason for leaving** | **Date Commenced:** |
|   |   |   |  |
| Date Ended: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employers** | **Position(s) held** | **Reason for leaving** | **Date Commenced:** |
|   |   |   |  |
| Date Ended: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employers** | **Position(s) held** | **Reason for leaving** | **Date Commenced:** |
|   |   |   |  |
| Date Ended: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employers** | **Position(s) held** | **Reason for leaving** | **Date Commenced:** |
|   |   |   |  |
| Date Ended: |

**6. OTHER INFORMATION**

|  |
| --- |
| What activities outside work interest you? (State any positions held you consider relevant.) |
|    |
| Do you hold a current driving licence? (Delete as appropriate)  | Yes | No | Do you have access to a car? (Delete as appropriate) | Yes | No |
| **Disabilities** |
| If selected for interview, do you require any special arrangements to be made on account of a disability? (Delete as appropriate) | Yes | No |
| If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010: |
|    |

**7. FITNESS TO WORK QUESTIONNAIRE**

Registered Disabled: Yes/No

 If Yes, Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP’s Name, Address:

Do you have, or have ever suffered from: (Delete as appropriate / Circle if hand written)

Fainting attacks Yes/No

Back Trouble Yes/No

Fits or Blackouts Yes/No

Other Muscle or Joint Trouble Yes/No

Giddiness Yes/No

Skin Trouble Yes/No

Mental Illness Yes/No

Diabetes Yes/No

Recurring Headaches Yes/No

Recurring Stomach Trouble Yes/No

Ear Trouble or Deafness Yes/No

Recurring Bowel Trouble Yes/ No

Eye Trouble or Deafness Yes/No

Have you any disabilities affecting: (Delete as appropriate)

Eye Trouble or Defective Vision Yes/No

Standing Yes/No

Not corrected by Glasses Yes/No

Walking Yes/No

Recurring Chest Disease Yes/No

Stair Climbing Yes/No

Asthma Yes/No

Lifting Yes/ No

Hay Fever Yes/No

Use of Hands Yes/No

Heart Trouble Yes/No

Work at heights on ladders/staging Yes/No

High Blood Pressure Yes/No

Ability to Drive a Motor Vehicle Yes/No

Varicose Vein Trouble Yes/No

In the last two years have you been off work because of illness or injury? Yes/No

If yes, how many working days did you lose? \_\_\_\_\_\_

Are you at present having any treatment or medicine prescribed by a doctor? Yes/No

Have you made a full recovery from your illness or injury? Yes/No or N/A N/A

(If no, Doctors Certificate required stating that you are safe to return to work Yes/No

In a food handling environment. Copy to be kept in the Branch Yes/No

Do you have, or have you every suffered from:

Typhoid Fever Yes/No

Paratyphoid Fever Yes/No

**IN CASE OF EMERGENCY:**

Name of Contact: \_

Relationship to you: \_

Their Address: \_

Contact Number:

**To be signed by candidate:**

**8. REFERENCES (Provide two Reference- One professional and one Character Reference)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr, Mrs etc) - (Professional Reference) |   | Title (Mr, Mrs etc) – (Character Reference) |   |
| Full Name: |   | Full Name: |   |
| Job Title: |   | Job Title: |   |
| Organisation: |   | Organisation: |   |
| Address |    | Address |   |
| Tel No: |   | Tel No: |   |
| E-mail address: |   | E-mail address: |   |
|  |   |  |   |
| Please state if we may obtain this reference prior to interview. | Yes | No | Please state if we may obtain this reference prior to interview. | Yes | No |

**9. DECLARATION**

**REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS** Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

|  |  |
| --- | --- |
| Yes | No |

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

|  |
| --- |
| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. |
|     |
| Signature: |   | Date: |   |
| **Name** |   |   |

 The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.