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# APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS FORM AND RETURN TO THE RELEVANT ADDRESS ABOVE,  
 AS INDICATED ON THE JOB ADVERT.

POSITION APPLIED FOR	
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<b>PERSONAL DETAILS</b>	
Title:	Surname: Forenames:
Address:	
	Post Code:
Tel (home):	Tel (Mobile):
Do you have a driving licence? Yes / No	Issue date:

<b>EDUCATIONAL/PROFESSIONAL QUALIFICATIONS</b>		
Secondary School/College/University/Organising Body	Dates	Qualifications



<b>EMPLOYMENT HISTORY</b> PLEASE GIVE DETAILS OF YOUR EMPLOYMENT HISTORY OVER THE LAST 5 YEARS, STARTING WITH THE MOST RECENT					
Previous employer	From	To	Brief outline of duties	Wage	Reason for leaving

<b>HAVE YOU WORKED FOR GRESSINGHAM, KERRY'S OR MANOR FARMS BEFORE?</b> Yes / No
If yes when and for what role?
<b>DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE?</b> Yes / No
If yes, please give details
<b>DO YOU HAVE ANY OTHER RELEVANT SKILLS? (E.G. MACHINE OPERATOR/AGRICULTURE DRIVER)?</b>
<b>ARE THERE ANY OTHER FACTS THAT YOU THINK MAY BE USEFUL IN CONSIDERING YOUR APPLICATION?</b>
<b>WHERE DID YOU HEAR ABOUT THIS VACANCY?</b>
Newspaper / Jobcentre / Website / Friend (Name: _____) /
Other (please specify)

<b>CRIMINAL RECORD DO YOU HAVE A CRIMINAL RECORD?</b> Yes / No
If yes, please give details with dates (Declaration subject to the Rehabilitation of Offenders Act 1974)

I declare that all answers given above are, to the best of my belief, true and complete and complete and understand that this declaration will form part of my terms and conditions of employment. I also understand that incorrect or omitted information may invalidate my employment with the company and break the requirement for the Food Safety Act 1990. I understand that employment is subject to satisfactory references and medical clearance. I also confirm that I am legally entitled to work within the UK and I may be required to produce evidence.

<b>SIGNED:</b> _____	<b>DATE:</b> _____
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**MEDICAL HISTORY**

THE FOLLOWING INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE AND IS REQUESTED WITH YOUR BEST INTERESTS IN MIND.

Have you at any time had:-	Please circle		If yes please give details & dates
	Yes	No	
A serious illness, accident or operation	Yes	No	
Asthma, Bronchitis, TB or pleurisy	Yes	No	
Any heart disease	Yes	No	
Any chest illness	Yes	No	
Rheumatism or Arthritis	Yes	No	
Back problems	Yes	No	
Any disease of the Bones, Joints or Limb problems	Yes	No	
Diabetes, Thyroid or Hormone Disease	Yes	No	
Stomach, Intestine, Liver or Spleen problems	Yes	No	
Faints, Fits, Disease of the Balance or Nervous system	Yes	No	
Depression, Anxiety, Nervous illness/breakdown	Yes	No	
Kidney, Bladder or Sexually Transmitted Disease	Yes	No	
Eye or Vision problems	Yes	No	
Ear, Nose or Throat Disorders or any Deafness	Yes	No	
Varicose Veins	Yes	No	
Eczema or any Skin problems	Yes	No	
Salmonella, Typhoid or Paratyphoid	Yes	No	
Hepatitis or Jaundice	Yes	No	
An Industrial disease or accident	Yes	No	
<b>Are you:</b> up to date with Tetanus Immunisation	Yes	No	
Allergic to anything	Yes	No	
<b>Have you:</b> visited the doctors in the last year	Yes	No	
Any medical problems that will cause you difficulties to work alone	Yes	No	
Been abroad in the last 12 months	Yes	No	
<b>Do you:</b> Consider that you have any disability either mental or physical	Yes	No	

**DOCTORS NAME AND ADDRESS**

I agree to inform my supervisor/company nurse of any changes in my health status, accidents or upper limb disorders. I understand that failure to do so is in breach of company rules. (The above information will be held under the terms of the Data Protection Act 1998).

**PRINT NAME:****DATE OF BIRTH:****SIGNED:****DATE:**