

## **APPLICATION FORM**

POSITION A	APPLIED FOR:					
The following	information will be	treate	ed in the strictest	confidence.		
Personal	(Please complete t	his se	ction in BLOCK CA	APITALS)		
	Surname:					
	First name:					
	Address:					
	Postcode:					
Home tele	ephone number:					
Mobile tele	ephone number:					
Full	Driving Licence:				Yes	No
	Endorsements:				Yes	No
If YES, please give	e further details including	dates:				
•	ed in any activity wh	ich mi	ght limit your avail	ability to work	or your working	g hours
e.g., local gove	ernment?				Yes	No
If YES, please give	e full details:					
Are you subjec	ct to any restrictions	or cove	enants which migh	t restrict your v	working activitie	es?
					Yes	No
If YES, please give	e full details:					
Do you keep any form of birds, (i.e. pets, pigeons or otherwise)?			Yes	No		
If YES, please give	e full details:					
Are you willing	to work overtime if r	equire	d?		Yes	No
Please give details	s of any hours which you	would n	ot wish to work:			
Have you any Act 1974)?	convictions (other that	an spe	ent convictions und	er the Rehabil	itation of Offend	ders
AUL 1974)!					Yes	No
If YES, please give	e full details:					

If offered employment, you will be required to complete a Medical Questionnaire\*, where appropriate as the role you undertake may require information on health and hygiene (and health and safety requirements) grounds which are inherent to your ability to undertake the role.

Are you prepared to undergo a medical examination before starting employment?

			Yes	No
*Any offer of employment to successf being satisfactory to the Company. T medical information fails to meet the s	he Company reserv	e the right to wi		
Have you ever worked for Glenrat	h Farms before?		Yes	No
If YES, please give full details:				
Have you applied for employment	with this business	s before?	Yes	No
Do you need a work permit to take	e up employment i	in the U.K.?	Yes	No
How much notice are you required	d to give to your co	urrent employe	er?	
Education				
Job related Training Courses Name of Organisation	Date		Subject	
Further Formal Training	From	То	Courses and Res	ults
		_		
	_	_		
		_		
College or University	From	То	Diploma/Qualifica	ation
			<u> </u>	
Schools attended since age 11	From	То	Examinations and	d Results
		_	<u> </u>	
	$=$ $\mid$ ==	_		

Please give details of membership	of any technic	cal or professional associa	ations:
Please list languages spoken and	the level of co	mpetence:	
<b>Employment Details</b>			
Diagon give details of your post of	ampleyment o	valuding your propert or	last ampleyer stating
Please give details of your past of the most recent first.	еттрюуттетт, е	xcluding your present or	last employer, stating
Name and a Harris		Decide a hall	
Name and address of employer	Dates	Position held/ Main duties	Reason for leaving

## **Present or Last Employer**

Are you currently employed?		Yes No
Name of present or last employer:		
Address:		
Telephone number:		
Nature of business:		
Job title & brief description of duties:		
Reason for leaving:		
Length of service:	From: To:	
Interests, Achievements a		
(e.g. hobbies, sports, club membership	98)	
Supplementary Information Please set out below any further inform (e.g. past achievements, personal stre	nation to support your application	



## **Declaration**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Protection Act above details.	1998. I undertake	e to notify the Company	immediately of a	any changes to the
Signed:				
PRINTED:				
Date:				
Reference	s			
	e names of two pe m we may approach	eople (one of which sho n for a reference.	uld be your pres	sent or most recent
Can we approa	ch your current emp	ployer before an offer of	employment is ma	ade?
			Yes	s No
Name:		Name:		
Position:		Position:		
Address:		Address:		
Tel. No:		Tel. No:		
Source of	Application			
How did you he	ear of this vacancy?			