

# APPLICATION FOR EMPLOYMENT

**PRIVATE AND CONFIDENTIAL**

Please complete in **BLOCK CAPITALS**

Job Reference Number

Applicant Reference No.

Position applied for:

**CLOSING DATE:**

How did you hear of this vacancy? (include date) .....

**A. PERSONAL PARTICULARS**

Full Name: Mr/Ms/Mrs/Miss	
Address:	Telephone Number: (including STD Code)  Home:  Business: (tick box if you do not want to be contacted at work) <input style="float: right; margin-left: 20px;" type="checkbox"/>
N.I. Number:	Do you need a work permit to take up employment in the U.K? <span style="float: right;">YES/No</span>  Detail:

**B. EDUCATION AND QUALIFICATIONS**

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed).

Schools / Colleges (Type only eg. Grammar, technical)	Dates		Subject/Courses	Examination Results/ Grade (include any examinations failed)
	From:	To:		

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University/College/ Institute Attended	Dates		Subjects studied Type of Training	Qualifications Obtained
	From:	To:		

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence both oral and written:

**C. EMPLOYMENT HISTORY**

Please list in reverse order all the organisations for which you have worked during the last 20 years:

Name(s) and Address(es) of Employer(s)	Dates		Position Held/ Main duties	Starting/ Leaving salary	Reason for Leaving
	From	To			

PLEASE GIVE DETAILS OF ANY EXPERIENCE, SKILL OR ACHIEVEMENT WHICH YOU FEEL MAY BE RELEVANT IN YOUR APPLICATION FOR EMPLOYMENT. (Continue on separate sheet if necessary)

**D. HEALTH**

Are you in good health? If no, please give further information	Yes/No
Have you ever suffered from any serious illness or had any major operations? If yes, please give details:	Yes/No
Are you prepared to undergo a medical examination prior to employment?	Yes/No

**E. SUPPLEMENTARY INFORMATION**

Please give details of any holidays arranged:	
Are you subject to any restraints in your current or future employment? If yes, please give further information:	Yes/No
Do you have any commitments which might limit your working hours? If yes, please give details:	Yes/No
Are you willing to work overtime and weekends when required?	Yes/No
Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Legislation) If yes, please give further information:	Yes/No
Salary Range expected:	
How much notice are you required to give to leave your present employment?	
Have you worked for us before? If yes, give details of reason of leaving	Yes/No
Please list your interests, sports, hobbies, etc.	
Do you have a current full driving licence?	Yes/No
Does your licence have any current endorsements? If yes, please give further information:	Yes/No

**F. REFERENCES**

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB. (One of these must normally be a previous employer).

Can we approach your present/most recent employer?	Yes/No
Name, Position, Address and Telephone number	Name, Position, Address and Telephone Number

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

<p><b>DECLARATION OF APPLICANT</b></p> <p>I confirm that the above information is correct.</p> <p>I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.</p> <p>Signed ..... Dated.....</p>
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**FOR OFFICE USE ONLY**

**INTERVIEW RECORD**

Interviewed by:	Date:
Comments/Areas to examine	
Decision: (tick as applicable)	Reject <input type="checkbox"/> Further interview <input type="checkbox"/> Accept <input type="checkbox"/>
Interviewer's report and reasons for decisions:	
Rejection letter sent: Yes/No	

<b>APPOINTMENT RECORD (To be completed where there has been an offer of employment)</b>	
CONDITIONAL OFFER LETTER: Date sent: Response: Acceptance/Refusal/No reply	REQUESTS FOR REFERENCES: Date sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable
MEDICAL/MEDICAL REPORT Date sent: Response: Good/Satisfactory/Suspect/Unsuitable	OTHER CONDITIONS: Further proof of N.I number or right to work requested:
Starting Date:	Grade:
Starting Salary:	Job title:
	Personnel/Clock Number:

Monitoring Reference No.:

**CONFIDENTIAL MONITORING INFORMATION**  
**FOR MONITORING PURPOSES ONLY**

Linden Foods Ltd. is an equal opportunity employer. We do not discriminate on the grounds of religious belief or political opinion; we practice equality of opportunity in employment and select the best man or woman for the job.

This information will be treated in the strictest of confidence and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

**Failure to complete will render this application invalid**

**Please indicate the community to which you belong by ticking the appropriate box below:**

I am a member of the Protestant Community

I am a member of the Roman Catholic Community

I am a member of neither the Protestant nor Roman Catholic Community

**Please indicate your gender by ticking the appropriate box below:**

Male

Female

**Please describe your ethnic origin by ticking the appropriate box below:**

Bangladeshi

Irish Traveller

Black- African

Pakistani

Black- Caribbean

White

Chinese

Mixed Ethnic Group

Indian

Other(please specify)  
\_\_\_\_\_

**Date of birth** (please specify)

**Nationality e.g. British, Irish, Portuguese, Nigerian etc.** (please specify)

\_\_\_\_\_

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