

## EMPLOYMENT APPLICATION FORM

Position applied for		Expected wage/salary range	
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### Personal Details

Title: Mr / Mrs / Miss / Ms \*

Forename(s)		Surname	
Gender		Telephone no.	
Nationality		Email:	
Date of birth		NI number:	

If you have been at your current address for less than 5 years, please give details of your previous addresses, including the postcode, covering the last 5 years.

Current Address:	Previous Address (if less than 5 yrs ago):
Postcode:	Postcode:

Do you require a work permit to work in the UK?	Yes/No*
If so, please give details of current work permit	
Do you have a full clean driving licence?	Yes/No*
If not, please give details of any endorsements	
Do you own a car?	Yes/No*
Do you currently hold a Forklift drivers licence?	Yes/No*
Have you ever held a forklift drivers licence?	Yes/No*
Have you ever been convicted of any crime or offence? <small>(Under the Rehabilitation of Offenders Act 1974, spent convictions need not be declared)</small>	Yes/No*
If yes, please give details of all convictions	
Have you ever been declared bankrupt or had County Court Judgements issued against you? <small>(One Stop may reference successful applicants)</small>	Yes/No*
If yes, please give details	
What is your marital status?	Single/ Married/ Divorced*

\* Please delete as applicable  
\* Delete where appropriate

## Education Details

School Name and Address	From	To	Examinations taken: subjects and results
Further Education & Training	From	To	Examinations taken: subjects and results

## Employment History

Please start with your most recent employer and ensure you provide full details of at least your last 5 years' employment. Please complete even if you are enclosing your Curriculum Vitae.

Dates From/To	Employer's Name and Address	Job Title, Responsibilities and Duties	Salary/Wage	Reason for leaving

How much notice do you need to give your current employer?

Have you worked for a Regal Food Products company or associate company before?

Yes/No\*

If yes, please give details

Have you any family or other contact working in a Regal Food Products Group Company?

Yes/No\*

If yes, please give details

\* Please delete as applicable

## Medical History

To ensure that we meet your needs to do the job please complete the section below

Have you any medical or other reasons, which might prevent you from carrying out a specific role? Yes/No\*

If yes, please give details

Do you have any special requirements e.g. access, interpreter etc?

Yes/No\*

If yes, please give details

## Next of Kin

Name:	Relationship to you:
Address:	Daytime telephone number:
	Mobile telephone number:

## Additional information to support your application

Please give additional information you consider important to support your application, including any training and development you have undertaken (e.g. NVQs, IT Skills, Membership of Professional bodies).

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## References

Please give full name and address of two referees who may be approached for reference purposes one of whom **must** be your present or most recent employer. **Please DO NOT include members of your family or friends for a personal reference.**

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel no:	Tel no:
Job Title:	Job Title:
Company:	Company:

## Hours you are available for work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest start time							
Latest finish time							

Maximum number of hours you can work per week:

\* Please delete as applicable

Please ensure that you have completed all aspects of the application form.

## Data Protection

The information that you provide on this application form, along with any subsequent information collected in the recruitment process, for example from your referees, will be used by Regal for the purpose of processing your application and, if your application is successful, to administer your personnel record. We may also use this information in aggregate (so that no individuals are identified) for research and statistical purposes. By submitting this application, you consent to your information being held and used in this way. If you require any further information regarding the use of your data, please contact the HR Department.

## Declaration

I declare that the information given is complete and correct. I understand that omissions or false information may lead to the termination of any employment undertaken. My previous employers may be approached for references should I be appointed to a position with Regal, and I recognise that any offer of employment is subject to the receipt of satisfactory references.

Signature:

Date:

## Bank/Building Society Details (please complete if successful at interview)

Bank/Building Society

Name:

Address:

Account Details:

Account name:

Account number:

Sort Code:

## Medical Questionnaire

### Additional Information

This information may assist the company in the event of an accident or injury.

Do you have or have you ever suffered from:

1	Fainting attacks, giddiness, fits or blackouts	Yes	No
2	Mental illness	Yes	No
3	Recurring headaches	Yes	No
4	Ear trouble, a running ear or deafness	Yes	No
5	Eye trouble	Yes	No
6	Defective vision not corrected by glasses	Yes	No
7	Recurring chest disease	Yes	No
8	Asthma	Yes	No
9	Hay fever	Yes	No
10	Heart trouble	Yes	No
11	High Blood pressure	Yes	No
12	Allergies, including plants, food, medicines, bee or wasp stings	Yes	No
13	Back trouble	Yes	No
14	Other muscle or joint trouble	Yes	No
15	Diabetes	Yes	No
16	Disabilities affecting standing, walking or lifting	Yes	No
17	Disability affecting the use of hands	Yes	No
18	Disability affecting the ability to drive a motor vehicle	Yes	No

## Declaration

I certify that the information contained in this questionnaire is to the best of my knowledge, both true and accurate.

I further understand that giving false information will result in disciplinary action which may include dismissal.

I agree that, if necessary, any qualified medical officer may read and make use of this information. No claim may be made against qualified medical officers using such information.

I agree to undergo a health / medical examination if required.

Employee  
Signature:

Manager  
Signature:

Date:

Date: