



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

MR/MRS/MISS/MS (delete as appropriate)

SURNAME(Previous Surnames).....

FORENAME (S).....(Known As)

Position Applied For.....

Prepared to work:	Days 08.00-16.18 (Holton only)		Ext. Days 06.00 – 16.15		Twilight 16.12 – 00.30		12 Hour Nights (Own transport required)		Nights 5 shifts per week
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Thank you for the interest you have shown in Bernard Matthews and the time you have taken to complete this form. All disabled applicants who meet the minimum criteria for the job will be invited to interview, should this apply please tick this box

If, you are selected for an interview, you must provide two types of identification.

Type one will confirm your local address and will be either a Utility Bill, or a Bank Statement.

Type two will meet the criteria as set out in Appendix A (List 1 and List 2 documentation as laid down in the Asylum and Immigration Act 1996.)

Your application will be retained for a period of 6 months. If you have not been selected within this time, you may wish to complete another form, as non-selection does not always mean your application is rejected. Much depends on the availability of suitable vacancies and seasonal work fluctuations.

Please return this form to either :-

The HR Department at

North Site
Great Witchingham
Norwich
NORFOLK
NR9 5QD

or

Holton
Scalesbrook Lane
Halesworth
Suffolk
IP19 8NJ

Please complete this form in **BLOCK CAPITALS** *delete as appropriate

1. PERSONAL DETAILS

Current Address		Permanent Address (if different)	
Tel No ()		Tel No ()	
Age	Date of Birth	Nationality	N.I. Number

2. EDUCATION Indicate full and part time education since the age of 11 years

From	To	School / College etc	Examination results / Certificates gained (including grades)

3. FORMAL TRAINING Please give details or any formal vocational training or qualifications

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4. HOBBIES & INTERESTS list below along with any positions held or awards achieved

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Do you need a work permit?	If so do you have a work permit?	How long have you been resident in the U.K.?
Have you a current driving licence?	For what classes of vehicle?	Do you have your own transport?
Do you have any relatives or know anyone who works for us? If so give name.		

5. OTHER INFORMATION

Please give details of any medical treatment you are currently receiving that may affect you ability to do the job:			
Do you smoke?			
Do you have any problems relating to the wearing of PPE.		Have you previously been employed by Bernard Matthews?	
		Please give details of when, where and in what capacity. Date: Dept: Job:	
Have you ever suffered any upper limb disorders?			

Have you ever been convicted or warned of any possible proceedings in respect of a criminal offence? (Do not give details of "spent convictions" under the Rehabilitation of Offenders Act)		Why did you leave?
Have you a current court case pending?		Have you ever been dismissed from a previous employer?
Do you have any commitments that might limit your working hours?		

6. EMPLOYMENT DETAILS

Present/Last Employment Name and Address	Job Title		
	Type of Business		
	Responsible to (title)		
Tel No.			
Duties and Responsibilities			
Date Started	Date Left/Notice Required	Wage on Leaving/Current Wage	
Reason For Leaving		Can we contact your current/last employer immediately?	

IT IS COMPANY POLICY TO TAKE UP REFERENCES WITH PREVIOUS EMPLOYERS

7. PREVIOUS EMPLOYMENT indicate latest job first (include Military service), continue on separate sheet if necessary.

Name/Address of Employer	Duties	From – To	Reason for Leaving

8. FURTHER INFORMATION

Give your reasons for applying for this post

REFERENCES

Please give the name and address of two work referees,

- (i)
- (ii)

9. HOLIDAYS

Do you have any holiday commitments? If so, please give details below :-

DECLARATION please read this carefully, then sign and date your application

- 1) I understand that it is a condition of employment to wear the protective clothing and footwear appropriate to my job and there is no reason why I should not wear these items. These include hard hat and rubber boots/shoes
- 2) I understand that my appointment is probationary and subject to review during and on completion of 13 weeks and also on the Company receiving satisfactory references.
- 3) I understand that this application form does not constitute a job offer and any subsequent offer made will be subject to satisfactory references and medical.
- 4) I confirm that the information I have provided is correct and understand that misleading statements will be sufficient grounds for cancelling any contract of employment.
- 5) I also understand that if questions are left unanswered in this application they will be discussed at any subsequent interviews.
- 6) The information provided is accurate and complete to the best of my knowledge and I understand that any intentional false statement renders me liable to termination of employment.

Applicants Signature

Date