



FOR OFFICE USE ONLY: Interview: Ref. No:

Ripon Select Foods Ltd. Dallamires Way North, Ripon, N. Yorks. HG4 1TL
Tel: 01765 601711 Fax: 01765 607481 www.rsfc.co.uk Email: ingredients@rsfc.co.uk

APPLICATION FOR EMPLOYMENT

Please use BLOCK CAPITALS

All parts to be completed in your own handwriting and continue on a separate sheet if space is inadequate

POSITION APPLYING FOR:

PERSONAL DETAILS

Forename(s): Surname:

Address:

Postcode:

Telephone: Mobile:

Next of Kin:

Forename(s): Surname:

Address:

Postcode:

Daytime Telephone Number:

Do you have a driving licence? CAR M/CYCLE NO

If you have a driving licence is it: PROVISIONAL FULL HGV

Have you, or any relative ever worked for this organisation before? YES NO

If YES please give full details (date/job title/reason for leaving).
.....
.....
.....

How did you learn of this vacancy?
.....
.....
.....

INTERESTS, HOBBIES AND SPORTS

Please give details of all your spare time interests and hobbies including details of membership bodies, committees, voluntary work and so on.
.....
.....
.....

RIGHT TO WORK IN UK

Are you legally entitled to work in the UK?

YES

NO

*We will require evidence of this prior to commencing employment***EMPLOYMENT DETAILS**

Please give details of relevant previous employment/key achievements that might help us assess your suitability for the job which you are applying, starting with the most recent employment and working backwards.

CURRENT/LAST EMPLOYER

Name:

Address:

Postcode:

Contact for reference:

Telephone:

Please note that we will not contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.

May we contact your present employer for a reference?

YES

NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

Notice period:

Does your current contract of employment contain any restrictions that prevent you from competing with your current employer or soliciting its customers after you have left?

YES

NO

*If YES please supply a copy of your contract of employment***PREVIOUS EMPLOYER (1)**

Name:

Address:

Postcode:

Contact for reference?

Telephone:

May we contact for a reference?

YES

NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

PREVIOUS EMPLOYER (2)

Name:

Address:

Postcode:

Contact for reference?

Telephone:

May we contact for a reference?

YES NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

Please continue on a separate sheet of paper if necessary

HEALTH

Do you suffer from any disability* and/or medical condition?

YES NO

If yes will it affect your ability to carry out the duties of the job for which you are applying?

YES NO

This information will help us to identify reasonable adjustments that we might need to make to arrangements/premises in order to accommodate you. We are an equal opportunities employer and will not discriminate on the grounds of disability.

If YES please give details:

DATA PROTECTION

The Data Protection Act 1988 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purposes of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held longer than necessary, after which time it will be destroyed, although relevant information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed:

Date:

UNDERTAKING

Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all aspects. I understand that, should I have deliberately made a false or misleading statement on this form, my future employment can be terminated without notice.

Signed:

Date:

NOTE: We are an equal opportunities employer and will not tolerate discrimination in any form.

FOR OFFICE USE ONLY:

Application No:

Initials of person reviewing:

Score against selection criteria (if applicable):

Invite to interview/offer job?

YES NO

If NO state reasons:

* The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long term effect on the persons ability to carry out normal day-to-day activities".