

EMPLOYMENT APPLICATION FORM

PRIVATE & CONFIDENTIAL



Please also take the time to send us a covering letter detailing:

- Why you are applying for a position with Bells Food Group,
- What makes you a suitable candidate for this position (include relevant skills – first aid, food safety, manual handling, fork lift certificates)

Please return to: Human Resources
Bells Food Group Limited
Hawthorn Bakery
Torbothie Road
Shotts
ML7 5BD

POSITION APPLIED FOR:

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PERSONAL DETAILS

| | | | |
|--|----------|------------------------------------|--|
| Surname | | | |
| Forenames | | | |
| Address | | | |
| Postcode | | | |
| Telephone Number (home) | | Telephone Number (mobile) | |
| Email | | | |
| Have you worked for Bells Food Group before? | Yes / No | If yes, when & reason for leaving: | |

PRESENT AND PREVIOUS EMPLOYMENT (Please include work experience details)

| Name & address of employer (please include contact details) | Job title and duties | Reason for leaving |
|--|----------------------|--------------------|
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If you have no previous employment give details of who to contact for a personal or educational reference:

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GENERAL EDUCATION AND TRAINING

| School/College/University | Subjects | Examinations/Awards/Achievements |
|---------------------------|----------|----------------------------------|
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| | | |

ABOUT YOU

What do you like to do in your spare time? (Include details of any interest or membership of clubs and societies)

What is your proudest accomplishment to date?

CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence?

YES / NO

If 'YES', please give details (under the Rehabilitation of Offenders Act 1974, spent convictions need not be declared)

HEALTH

Have you now or in the last seven days suffered from diarrhoea, vomiting or skin infection? YES / NO

Have you ever had or are you known to be a carrier of typhoid or paratyphoid and/or in the last 21 days have you been in contact with anyone suffering from either of those illnesses? YES / NO

If 'YES' please give details (use a separate sheet and attach to this form)

DECLARATION

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.
3. I agree that the organisation reserves the right to require me to undergo a medical examination if required.

Signature:

Date: