Applicant Ref:

*(office use only)*

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| new logoJOHN WOODS (L) LTD **JOB APPLICATION FORM**  190 MONAGHAN ROAD, ARMAGH, CO. ARMAGH, BT60 4EZ  TELEPHONE: 02837 568477 FAX: 02837 568865  *‘We are an equal opportunities employer’* |

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| Job Ref No: HR/170  Job Title: Health Foods Plant Team Leader (Full time/permanent)  Closing date : Monday 21st January 2019 at 5pm |

**NOTES:**

* CV’s will not be accepted
* Applications received after the closing date and time will not be accepted
* You are strongly encouraged to complete the equal opportunities section of this form which is only used for monitoring purposes.

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| **PERSONAL DETAILS** | |
| Surname: | Address: |
| Forename(s): | Address Line 2: |
| Home Telephone No: | Address Line 3: |
| Mobile Telephone No: | Postcode: |
| National Insurance Number: | Email Address: |
| **EMERGENCY CONTACT (PREFERABLY NEXT OF KIN)** | |
| Name: | Address: |
| Relationship: |  |
| Home Telephone No: | Mobile Telephone No: |

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| **WORK PERMIT** |
| In relation to the guidelines set out under home office work permit regulations and associated immigration legislation. Do you require a UK work permit to work in the UK or are you a citizen of an EU accession country with permission to work in the UK?  Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DRIVING LICENCE** | | | | | | | | | |
| Current Driving Licence  (Tick Box) | None | Prov. | Ordinary | HGV | | | Class C | Clean | Endorsed |
| 1 | 2 | 3 |
| If you have an endorsed licence please give details of reason below | | | | | | | | | |

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| **YOUR QUALIFICATIONS** | | |
| LEVEL (E.G. GCSE/DEGREE) | SUBJECT/NAME OF COURSE | GRADE ATTAINED |
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| **YOUR MEMBERSHIP OF PROFESSIONAL BODIES** | |
| NAME OF PROFESSIONAL BODY | GRADE OF MEMBERSHIP |
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| **YOUR EMPLOYMENT HISTORY** (please list in reverse order, starting with your current or last employer) | | | | |
| EMPLOYERS NAME AND ADDRESS | DATES OF EMPLOYMENT | JOB TITLE & MAIN DUTIES | FINAL SALARY AND REASON FOR LEAVING | |
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| **OVERTIME / SHIFTS** | | | |
| Would you be prepared to work overtime on a regular basis if required **YES / NO** | | | |
| Would you be prepared to work shifts on a regular basis if required **YES / NO** | | | |
| **HOLIDAYS / COURSES BOOKED** | | | |
| Please give details / dates of any holidays and / or training courses you have already booked or are currently studying | | | |

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| **PLEASE DETAIL HOW YOU MEET THE CRITERIA FOR THIS POST**  (use additional pages if required) | |
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| **REFERENCES** | |
| We require that you provide referees from your current and previous employment whom we may approach for references. Please note that we will not contact your present employer for a reference without your permission. (Any job offer made will be subject to receipt of satisfactory references). | |
| 1. Name: | Company &  Position Held: |
| Address: | Telephone: |
| 1. Name: | Company &  Position Held: |
| Address: | Telephone: |
| 3.Name: | Company &  Position Held: |
| Address: | Telephone: |

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| **PLEASE GIVE DETAILS AND DATES OF ALL PERIODS OF SICKNESS OVER THE PAST 3 YEARS UP TO THE DATE OF THIS APPLICATION.** | | | | |
| NATURE OF SICKNESS/ABSENCE | DATE FROM | DATE TO | NO OF DAYS | DID YOU CONSULT A DOCTOR? |
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| **DISABILITY** |
| Do you require a reasonable adjustment for reasons related to a disability to allow you to attend an interview?  **YES / NO** If yes, please give details below |
| **DISABILITY** |
| Do you require a reasonable adjustment for reasons related to a disability to allow you to undertake the duties of this post if successful?  **YES / NO** If yes, please give details below |

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| **ALLERGIES** |
| This role will involve working with nuts/wheat products. Can you please detail if you have any known allergies that may affect your suitability to work within the production environment  **YES / NO** If yes, please give details below |

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| **DECLARATION** |
| 1. I declare that all the foregoing statements are true, complete and accurate. 2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this job 3. I understand that to take up this job I must have satisfactory references and health assessment 4. I agree to abide by the terms and conditions and conform to all company regulations.   **SIGNED: DATE:** |

**Please indicate how you became aware of this vacancy:**

Linwoods website

Job Centre

Newspaper, please specify:

Other, please specify: