

DATE RECEIVED:

<b>Name:</b>		<b>Address:</b>	
Date form completed:    /    /		<b>Contact Phone No:</b>	
<b>Date of Birth:</b> /    /		<b>National Insurance Number:</b>	
<b>Age:</b>		Position applying for:	
Marital Status		Hours (Please Highlight): <b>Full Time</b> or <b>Part Time</b>	
Ages of children		Ages of children	
<b>Email Address:</b>		<b>Dates of any future holidays you have booked:</b>	
Health - give details		<b>Driving Licence</b> <b>Yes/No</b>	
Are you a registered disabled person		(Note: Driving Licence is essential for all positions applied for!)	
If yes, give Registration No:		<b>Endorsements</b> <b>Yes/No</b>	
Yes/No		(give full details of any endorsements overleaf)	
Education History:		Qualifications obtained:	
Schools			
Colleges/Further Education			
Other			

Employment History: Previous 3 employers, begin with present or last employer and work backwards

Name of Employer	Position held	From - To	Give details of Job	Rates of Pay

**References** - please give details of two referees, one of whom should be your last or current employer. These references will not be taken up without your permission.

Name	Address	Name	Address

Please write on the reverse of this sheet, any other information which you feel to be relevant to your application for employment e.g. Past Experience, sports, hobbies, ambitions, interests etc.

If there is anything that you feel the company should be made aware of?                      Yes / No  
If Yes, please write the information on the reverse of this sheet, thank you.

**Please note it is impossible to acknowledge every application received, but details will be kept on file for future reference for a period of 6 months. You should re-apply after that time if you are still seeking employment.**

Signed: ..... Date: .....

**Send completed application to the above address.**  
**McPhies Craft Bakers operate a strict NO SMOKING Policy!**

**CONFIDENTIAL**

**MEDICAL QUESTIONNAIRE TO BE COMPLETED BY ALL APPLICANTS.**

As we are a food company we need to ask comprehensive questions.

Have you **ever** had any of the following? **If yes, please give details including dates overleaf.\***

Please tick  
Appropriate box  
YES\* NO

		YES*	NO
1.	Chronic or recurrent eye, ear, throat, nose, dental or oral infection / condition?		
2.	Blackouts, fainting attacks, fits or epilepsy?		
3.	Nervous or mental illness?		
4.	Any skin disorder, particularly of the hands?		
5.	Any history of chest problems or persistent attacks of Bronchitis or coughing?		
6.	Any history of Asthma?		
7.	Hay fever or allergies?		
8.	Heart disease, circulatory problems or varicose veins?		
9.	Typhoid or paratyphoid (including any family history of these)?		
10.	Dysentery, food poisoning, gastro-enteritis or bowel disorder (including family history)?		
11.	Routine shop/bakery work may include prolonged spells of standing, pushing, pulling and lifting. Do you have any health problems that would prevent you from carrying out these tasks on a regular basis?		
12.	Diabetes?		
13.	Are there any restrictions to the work you can perform? E.g. handling machines or working in a cold or hot environment.		
14.	Have you ever had any surgical operations?		
15.	Do you take any medication (s) at present?		
16.	Have you been off work because of illness in the last year? Including any hospital stays.		
17.	Have you had any work related exposure to substances, any accidents or disorders causing absence from work?		
18.	Have you ever been retired from or had to leave work for health reasons, including accidents?		
19.	Do you have any planned medical appointments? Are you on any waiting list for hospital/G.P. treatment including surgery or counselling?		
20.	Are you awaiting results of tests/investigations?		
21.	Do you believe that your chest/lungs have suffered as a result of any previous employment?		
22.	Have you ever had any pain, stiffness or arthritic conditions affecting your back / neck or any joints for more than 2 weeks?		
23.	Do you smoke?		
24.	Have you ever smoked? If yes when did you stop? Date:-		
25.	Have you ever had a drug or alcohol problem?		
26.	Do you drink alcohol?		
27.	Do you take drugs?		
28.	Medical are you being treated for any medical or surgical condition at present? Please state, with dates, any serious physical or mental illness, operations and any periods in hospital during the past year: also state the number of days you have been absent from work over the past year: _____		

**\*If you have ticked any boxes above please give reasons overleaf.**

**Please give details of Doctors name, address and telephone number:**

\_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_

**Convictions:-**

- Have you ever had any criminal convictions? **YES / NO**
- Do you have any convictions pending? **YES / NO**
- Have you ever served time for a conviction? **YES / NO**
- If YES How long was this period: \_\_\_\_\_ years & \_\_\_\_\_ months
- Do you have a Criminal Record, this includes any cautions? **YES / NO**
- Is there anything you feel the company should be made aware of?  
If YES. Please give details here:- **YES / NO**

**Work Experience**

Please tick alongside areas you are qualified for or have had experience in below:-

General:

Management / Supervisory / Team Leader

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Team Working</li> <li><input type="checkbox"/> Food handling / hygiene</li> <li><input type="checkbox"/> Handling Cash</li> <li><input type="checkbox"/> Customer Care</li> <li><input type="checkbox"/> Handling Customer Calls</li> <li><input type="checkbox"/> Computer Literate</li> <li><input type="checkbox"/> EPOS Till Systems</li> <li><input type="checkbox"/> Catering experience</li> <li><input type="checkbox"/> Selling experience</li> <li><input type="checkbox"/> Cleaning</li> <li><input type="checkbox"/> Display / Merchandising</li> <li><input type="checkbox"/> Baking Products</li> <li><input type="checkbox"/> Sandwich Making</li> <li><input type="checkbox"/> Completing Paperwork</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Supervising others</li> <li><input type="checkbox"/> Recruitment</li> <li><input type="checkbox"/> Training Others</li> <li><input type="checkbox"/> Ordering Goods</li> <li><input type="checkbox"/> Cash Reconciliation</li> <li><input type="checkbox"/> Selling Targets</li> <li><input type="checkbox"/> HACCP Controls</li> <li><input type="checkbox"/> Resolving Till Errors</li> <li><input type="checkbox"/> Staff Roistering</li> <li><input type="checkbox"/> Stock Management</li> <li><input type="checkbox"/> Planning</li> <li><input type="checkbox"/> Targets</li> </ul> |
|--|--|

If you are not a British Citizen or from the EEC do you need a permit to work in Britain? **Yes / No**

If "Yes" please produce evidence. Photo copied material will not be accepted.

What is the **Expiry Date:** \_\_\_\_\_

If "No" do you have the right to stay in Britain? **Yes / No**

Are there any days or times you cannot work? **Yes / No** \_\_\_\_\_

Do You have daily use of a car? **Yes / No** \_\_\_\_\_

If No, how will you travel to work? \_\_\_\_\_

Please state details of any holidays booked? \_\_\_\_\_

Are you on Job Seekers Allowance or any other local or national government schemes to help you return to work?  
(Please give details overleaf) **Yes / No**

Do you posses additional skills, experience or qualifications that you may wish to tell us about? :-  
(Please give details overleaf) **Yes / No**

**DECLARATION:** I declare that the above information is correct and complete and that I have no other defect, disorder or condition, mentally or physically, not already mentioned. I understand that if any of the information provided on this form is incorrect, or if there is any material omission, then my employment may be terminated forthwith.

**Singed:** .....**Date:**.....

**Any possible Supplementary detailed you can add:**