

# AMSRIC FOODS LIMITED

## APPLICATION FORM

**ALL APPLICATIONS WILL BE VERIFIED WITH THE UK BORDER AGENCY  
WHERE APPLICABLE**

**POSITION APPLIED FOR:** \_\_\_\_\_

The following information will be treated in the strictest confidence.

### Personal

(Please complete this section in BLOCK CAPITALS)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**  
If YES, please give further details including dates: \_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours  
e.g., local government? **Yes / No**  
If YES, please give full details: \_\_\_\_\_

Are you subject to any restrictions or covenants which might restrict your working activities?  
**Yes / No**  
If YES, please give full details: \_\_\_\_\_

Are you willing to work overtime and weekends if required? **Yes / No**  
Please give details of any hours which you would not wish to work: \_\_\_\_\_

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders  
Act 1974)? **Yes / No**  
If YES, please give full details: \_\_\_\_\_

If offered employment, you will be required to complete a Pre-Employment Medical  
Questionnaire. Are you prepared to undergo a medical examination before employment?  
**Yes / No**

Have you ever worked for this business before? **Yes / No**  
If YES, please give full details: \_\_\_\_\_

Have you applied for employment with this Company before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

How much notice are you required to give to your current employer? **Yes / No**

**Amsric Foods Limited**

## Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

Please give details of membership of any technical or professional associations:

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Please list languages spoken and the level of competence:

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## Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

## Present or Last Employer

Are you currently employed?

Yes / No

Name of present or last employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone number:

\_\_\_\_\_

Nature of business:

\_\_\_\_\_

Job title & brief description of duties:

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Length of service:

From: \_\_\_\_\_ To: \_\_\_\_\_

**Amsric Foods Limited**

## Interests, Achievements, and Leisure Activities

(e.g. hobbies, sports, club memberships)

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## Supplementary Information

Please set out below any further information to support your application  
(e.g. past achievements, future aspirations, personal strengths)

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## Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Signed: \_\_\_\_\_

PRINTED: \_\_\_\_\_

Date: \_\_\_\_\_

## References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? **Yes / No**

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:

## Source of Application

How did you hear of this vacancy? \_\_\_\_\_

**Amsric Foods Limited**

# **PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE**

It is important to try to ensure that any candidate you appoint is fit for the work he or she is required to do and that you do not employ anyone who is likely to have an unacceptable level of absence from work. New employees may have an immediate entitlement to 28 weeks' Statutory Sick Pay together with any Company Sick Pay entitlement.

For all of the above reasons, we recommend that you require each shortlisted candidate to complete a Pre-Employment Medical Questionnaire before an offer of employment is made. Once completed by the candidate this should be kept with the Application Form. A sample Questionnaire is shown overleaf.

If any answers given on the Questionnaire concern you, you should first discuss these with the candidate. If still concerned, you may wish to approach the candidate's General Practitioner for a medical report.

Before you can request a medical report you must advise the candidate of his or her rights under the Access to Medical Reports Act 1988. This advice is given on the Medical Report Consent Form included in the section of this System on absence control.

If a candidate gives you false information on the Questionnaire this breach of trust may be sufficiently serious to enable you to terminate the employment subsequently.

You should be careful not to discriminate unlawfully against a candidate because of health issues that in fact constitute a disability. Under the Disability Discrimination Act 1995, you have a legal obligation to consider what reasonable adjustments can be made to a job or workplace to enable a candidate with a disability, who is otherwise suitable and qualified, to be able to that job.

Detailed advice can be obtained for these procedures and related issues by contacting the 24 hour Telephone Advice Service.



# PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number: \_\_\_\_\_

**We will not contact your doctor without your prior written consent.**

1. How many days' absence have you had from work in the last three years?  
How many periods of absence have you had in last three years?

**Number of days absent:**

**Number of periods of absence:**

2. Are you currently taking or have been prescribed medication (excluding contraceptives)? **Yes / No**

If Yes, please give further details:

3. Are you currently receiving treatment for any physical or mental condition? **Yes / No**

If Yes, please give further details;

4. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? **Yes / No**

If Yes, please give further details:

5. Do you consider yourself to have a disability? **Yes / No**

If Yes, please give further details:

**Amsric Foods Limited**

## **Data Protection Notice**

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

## **Declaration**

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge.

Signed: \_\_\_\_\_

PRINTED: \_\_\_\_\_

Date: \_\_\_\_\_