



Retail Bakers & Confectioners

16 – 18 Upton Road, Claughton Village,
Wirral, CH41 0DF

Tel: 0151 652 2143 Fax: 0151 651 2853

E-Mail: info@hurstsbakery.co.uk

APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS

POSITION APPLIED FOR:						
HOURS REQUIRED:	FULL TIME		PART TIME		SAT ONLY	
SURNAME:			FORENAME(s):			
PRESENT ADDRESS:						
POSTCODE:						
TEL No. (DAY):			MOBILE No.			
If the job requires it: (tick as appropriate)	WILL YOU TRAVEL?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	WILL YOU WORK OVERTIME?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	WILL YOU WORK SHIFTS OR OTHER FLEXIBLE WORKING ARRANGEMENTS?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PERSONAL INFORMATION

Hursts Bakery is committed to providing equality of opportunity in employment, and in order to help us ensure our policy is being carried out it would help if you could complete the following details. Any information you provide will be treated as confidential and used for NO other purpose than this application and will not be passed on to any third parties.						
NATIONAL INSURANCE No:			MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
DATE OF BIRTH:						
I would describe my ethnic origin as (please tick)	African	<input type="checkbox"/>	Afro-Caribbean	<input type="checkbox"/>		
	Asian Indian sub-continent	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>		
	Asian (China/S.E.Asia/etc.)	<input type="checkbox"/>	European	<input type="checkbox"/>		
			British	<input type="checkbox"/>		
	Other (please specify) :					

MEDICAL HISTORY

Certain information is requested prior to you commencing employment with our company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety Regulations.

YOUR DOCTOR WILL NOT BE CONTACTED WITHOUT YOUR PRIOR WRITTEN CONSENT TO DO SO.

Have you ever suffered from any of the following ailments in the past, please give details where appropriate?

Circulatory problems such as varicos veins, phlebitis or thrombosis? YES NO

Heart problems, angina, hypertension, or heart attack or stroke? YES NO

Respiratory problems such as asthma or severe bronchitis? YES NO

Skin disorders? YES NO Diabetes? YES NO

Back trouble, arthiritis or rhumatism? YES NO

Injuries to bones, joints tendon, including wrist tendons? YES NO

Recent operations or bone fractures? YES NO

Epilepsy or fainting attacks? YES NO

Are you currently on any medication? YES NO

Have you suffered from any other significant health problems including eyes, hearing, skin etc? YES NO

Have you ever made a claim for Industrial Disease or Injury? YES NO

Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? YES NO

Are you a smoker? YES NO

How many days sickness in the last 12 months? (please give details)

Are you disabled? If yes, please give brief details of your disability. This will enable the company to put in place any procedures, equipment or training to aid your employment.

N.B DUE TO THE NATURE OF THE WORK THERE WILL / MAY BE PROLONGED PERIODS OF STANDING AND OCCASIONAL HEAVY LIFTING

WORK EXPERIENCE

DATES FROM / TO	COMPANY NAME AND ADDRESS	JOB DESCRIPTION AND DUTIES	SALARY	REASON FOR LEAVING
Any other training undertaken or certificates held which you think may be applicable to this position? (e.g. BASIC FOOD HYGIENE, FIRST AID etc)				

EDUCATION

SCHOOL / COLLEGE ATTENDED	
RESULTS OF ANY EXAMINATIONS TAKEN	

OTHER INFORMATION

DO YOU HOLD A FULL CURRENT DRIVING LICENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES PLEASE GIVE DETAILS OF ANY ENDORSEMENTS, DATE OBTAINED AND REASONS	
DO YOU HAVE ANY CRIMINAL CONVICTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES PLEASE GIVE DATES AND NATURE OF OFFENCE	
HOW / WHERE DID YOU LEARN OF THIS VACANCY?			
HAVE YOU MADE AN APPLICATION TO THE COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES please give details:			

REFEREES

EMPLOYER	NAME	ADDRESS	TELEPHONE No.
CURRENT OR PREVIOUS EMPLOYER			

PERSONAL	NAME	ADDRESS	TELEPHONE No.
e.g. TEACHER, DOCTOR, OTHER PROFESSIONAL			

DECLARATION

<p>I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references and a probationary period and (if the company believes it appropriate) a satisfactory medical report.</p>
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Thank you for taking the time to complete this job application form. Due to the normal high volume of applications we receive we will **NOT** be in touch unless we wish to take the application further.

Signed: _____ Date: _____