

Please complete this form clearly in BLOCK CAPITALS.

Position and location applied for:	Date of application:	Date available to start:

### Personal details

Title (Mr/Mrs/Miss/Ms):		Surname:	
First names:			
Address:			
Post code:			
Telephone number:		Emergency number:	
E-mail address:			
Date of Birth:		Place of Birth:	
Marital Status:		Age of Children (if any):	
National Insurance number:		Nationality:	

Do you hold a UK Driving Licence? -

How would you get to work? -

Have you been previously employed by The Bakehouse?  
If YES, please give dates:

Do you hold a current Health & Hygiene Certificate? -

Dates of any holiday booked:

Have you any unspent convictions for any offences? -

Are you aware of any intention to begin any criminal proceedings against you? -

Do you require a work permit to work in the UK? -

(It will be a condition of offer of employment that you produce documentation, which is required by law, to establish your right to work in the UK)

The Bakehouse Group Ltd is committed to equal opportunities.

### For Office Use Only:

Date Started:

Contracted Hours:

Rate of Pay:

Uniform Size:

Comments:

Interviewed by:

## Health

Present state of health? -

How many days off through illness have you had in the past 24 months?  
(If more than 10, please give details)

Give details of any illness, operations or accidents from which you have suffered any permanent disability:

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Are you registered disabled? -

Are you prepared to undergo a medical examination, if needed? -

**For Applicants applying for Food Handling jobs.** (This is required under the Food Hygiene Regulations)

Have you now, or have you over the past 7 days, suffered from Diarrhoea and/or Vomiting? -

At present, are you suffering from:

- (i) skin trouble affecting hands, arms and/or face?
- (ii) boils, styes or septic fingers?
- (iii) discharge from the eyes, ears or gums/mouth?

Do you suffer from:

- (i) recurring skin or ear trouble?
- (ii) a recurring bowel disorder?

Have you ever had, or are you now known to be a carrier of, typhoid or paratyphoid? -

In the past 21 days, have you been in contact

## Medical

(For Applicants applying for night work - this is required by the Working Time Regulation)

Do you:

- have any health concerns you may feel prevent you from working at night?

If YES, what are these based on? -

- have requirements to take medication (e.g. tablets, insulin injections, etc) on a strict timetable? -
- have heart or circulatory problems that could be aggravated by the additional stress/required stamina that night work may require? -
- have stomach or intestinal disorders where the regularity/timing of meals is important? -
- have medical conditions that affect the ability to sleep during the day or are affected by changing sleep patterns? -
- have chronic chest or respiratory disorders whose night time symptoms are significantly worse than in daytime?

- have any other health related conditions? If YES, please specify below –

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## Employment History

<b>Current or most recent employment</b>
Name of employer:
Job title:
Brief outline of main duties:
Start date:
End date and reason for leaving (if applicable):
Salary:

<b>Other previous employment</b>				
Name of employer	From	To:	Job title:	Reason for leaving:

## Education and Training

<b>Schooling/Qualifications, Please give details:</b>

## Relevant Experience

<b>Relevant Experience for the role you have applied for, Please give details</b>
<b>Other experience/ qualifications/skills you feel will be beneficial to you application, Please give details</b>

## Additional Information

Further information you wish to give in support of your application (please continue on a separate sheet if necessary):


## Referees

Please give the names and addresses of two employment or educational referees. If you do not wish us to contact them without consent, please put a cross (X) in the box.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel \_\_\_\_\_  
Email \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel \_\_\_\_\_  
Email \_\_\_\_\_

**I agree to the deduction of £25.00 if the Company owned uniform or protective clothing is not returned in satisfactory condition on leaving the company.**

Data Protection: By providing the information contained within this application, you are consenting to its use in processing your application and monitoring the efficiency of recruitment and employment procedures.

**DECLARATION:** The information given on this application form is correct to the best of my knowledge.

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

Please return completed application forms to: **The Bakehouse, 1 Old Post Office Court, Harleston, Norfolk IP20 9AH** or email it to: [recruitment@thebakehouse.co.uk](mailto:recruitment@thebakehouse.co.uk) tel: 01379 888 113