# **APPLICATION FOR EMPLOYMENT**



### PRIVATE AND CONFIDENTIAL

### Please complete in BLOCK CAPITALS

Job Reference Number				Applicant Reference No.		
Position applied for:						
CLOSING DATE:						
A PERSONAL PARTICUL	ARS					
Surname:			Firs	t Names:		
Address:			Telephone Number: (including STD Code)			
			Hor	ne:		
			Mol	oile:		
Postcode:			Email:			
N.I. Number:			Do you need a work permit to take up employment in the U.K? YES / NO			
			Detail:			
B. EDUCATION AND QUA	LIFICATIONS	5				
QUALIFICATIONS: Please give	details of exam	ninations a	attem	pted and results (including an	y examinations failed).	
Schools / Colleges	Dates		Outliest / Osumes		Examination Results/ Grade (include any	
(Type only eg. Grammar, Technical)	From:	To:		Subject / Courses	examinations failed)	
	1	J				
FURTHER AND HIGHER EDUC school including training courses				s of all further and higher ed	lucation since leaving	
University / College / Dates Institute attended From: To:		tes To:	Subjects Studied Qualifications Type of Training Obtained			

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which
FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence both oral and written:

### C. EMPLOYMENT HISTORY

Please list in reverse order all the organisations for which you have worked during the last 20 years:

Name(s) and Address(es)	Dates		Position held /	Starting/	Reason for
of Employer(s)	From	То	Main duties	Leaving salary	
	1				

PLEASE GIVE DETAILS OF ANY EXPERIENCE, SKILL OR ACHIEVEMENT WHICH YOU FEEL MAY BE RELEVANT IN YOUR APPLICATION FOR EMPLOYMENT. (Continue on separate sheet if necessary)

### D. HEALTH

Are you in good health? If no, please give further information	Yes / No	
Have you ever suffered from any serious illness or had any major operations?	Yes / No	
If yes, please give details:		
Are you prepared to undergo a medical examination prior to employment?	Yes / No	

Yes / No	
Yes / No	
Yes / No	
Yes / No	
Yes / No	
Yes / No	
Yes / No	
	Yes / No Yes / No Yes / No Yes / No

### F. REFERENCES

Can we approach your present / most recent employer?

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB. (One of these must normally be a previous employer).

I	Name, Position, Address and Telephone Number		
Fick in box if you do not wish your employer to be contacted bef	fore an offer of employment is made)		
DECLARATION OF APPLICANT			
I confirm that the above information is correct.			
I understand that any false information or deliberate omissions for dismissal.	s will disqualify me from employment or may render me liable		
Signed:	Dated:		

Yes / No

Please return completed application forms to:-

The H.R. Department LINDEN FOODS LTD. Granville Industrial Estate, Dungannon, Co. Tyrone, N. Ireland, BT70 1NJ

> Tel: 028 8772 4777 Fax: 028 8772 4714

Monitoring Reference No.:	
Widilitaring Reference No	

## **CONFIDENTIAL MONITORING INFORMATION**

### FOR MONITORING PURPOSES ONLY

Linden Foods Ltd. is an equal opportunity employer. We do not discriminate on the grounds of religious belief or political opinion; we practice equality of opportunity in employment and select the best man or woman for the job.

This information will be treated in the strictest of confidence and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

### FAILURE TO COMPLETE WILL RENDER THIS APPLICATION INAVLID

Please indicate the community to which you belong by ticking the appropriate box below:				
I am a member of the Protestant Community				
I am a member of the Roman Catholic Community				
I am a member of neither the Protestant nor Roman Catholic Community				
Please indicate your gender by ti	cking the ap	ppropriate box below:		
Male				
Female				
Please describe your ethnic origi	nby ticking	the appropriate how helow:		
r lease describe your ethnic origi		the appropriate box below.		
Bangladeshi		Irish Traveller		
Black- African		Pakistani		
Black-Caribbean		White		
Chinese		Mixed Ethnic Group		
Indian		Other(please specify)		
		<b>u</b> , , , , ,		
Date of birth (please specify)  Nationality e.g. British, Irish, Portuguese,				
		Nigerian etc. (please specify)		