**Green Label Foods Ltd & Green Label Poultry ltd**

 **& Green Label Holdings Ltd**

 **Application for Employment**

Please complete the form and the medical history with as much detail as possible – use additional pages if necessary and attach them to the back of the form

**Position applied for:**

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| --- |
| **Personal Details:** |
| Forenames: |  | Date of Birth: |
| Surname: |  | Mr / Mrs / Miss / Ms(delete as applicable) |
| Address: |  Post code: |
| Email: |  | Nationality: |  |
| Tel home: |  | Tel Mobile: |  |
| Do you have a current UK driving licence: | Yes / No(delete as applicable) | If yes, date of issue: |
| **Educational / Professional Qualifications:** |
| **Secondary School / College / University / Organsing Body** | **Dates** | **Qualifications** |
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| **Employment history** (please give details for the past 5 years, starting with the most recent) |
| **Previous Employer** | **From** | **To** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
| **Brief outline of duties:** |
| **Previous Employer** | **From** | **To** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
| **Brief outline of duties:** |
| **Previous Employer** | **From** | **To** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
| **Brief outline of duties:** |
| **Previous Employer** | **From** | **To** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
| **Brief outline of duties:** |
| **Previous Employer** | **From** | **To** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
| **Brief outline of duties:** |
| Have you worked for Gressingham, Kerry’s or Manor Farms before? | YES / NO(delete as applicable) |
| If yes, please give details (when, and in which role): |
| Do you have any friends or relatives working here? | YES / NO(delete as applicable) |
| If yes, please give details: |
| Do you have any other relevant skills (eg machine operator/forklift driver/agricultural driver etc)? If so, please give details:  |
| Are there any other facts that you think may be useful in considering your application? If so, please give details: |
| Where did you hear about this vacancy: Newspaper / Jobcentre / Website / Friend / Other (please specify)(delete as applicable) |
| Do you have a criminal record? | YES / NO(delete as applicable) |
| If yes, please give details with dates (declaration subject to the Rehabilitation of Offenders Act 1974): |
| **Declaration:**I declare that all answers given above are, to the best of my belief, true and complete and understand that this declaration will form part of my terms and conditions of employment. I also understand that incorrect or omitted information may invalidate my employment with the company and break the requirement for the Food Safety Act 1990. I understand that employment is subject to satisfactory references and medical clearance. I also confirm that I am legally entitled to work within the UK and I may be required to produce evidence.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 **Medical History**



**The following information will be treated in the strictest of confidence and is requested with your best interests in mind:**

|  |  |  |
| --- | --- | --- |
| **Have you at any time had:** | **Please circle** | **If Yes please give details & dates** |
| A serious illness, accident or operation | Yes | No |  |
| Asthma, bronchitis, TB or pleurisy | Yes | No |  |
| Any heart disease | Yes | No |  |
| Any chest illness | Yes | No |  |
| Rheumatism or arthritis | Yes | No |  |
| Back problems | Yes | No |  |
| Any disease of the bones, joints or limb problems | Yes | No |  |
| Diabetes, thyroid or hormone disease | Yes | No |  |
| Stomach, intestine, liver or spleen problems | Yes | No |  |
| Faints, fits, disease of the balance or nervous system | Yes | No |  |
| Depression, anxiety, nervous illness/breakdown | Yes | No |  |
| Kidney, bladder or sexually transmitted disease | Yes | No |  |
| Eye or vision problems | Yes | No |  |
| Ear, nose or throat disorders or any deafness | Yes | No |  |
| Varicose veins | Yes | No |  |
| Eczema or any skin problems | Yes | No |  |
| Salmonella, typhoid or paratyphoid | Yes | No |  |
| Hepatitis or jaundice | Yes | No |  |
| An industrial disease or accident | Yes | No |  |
| Are youup to date with tetanus immunisation | Yes | No |  |
| Allergic to anything | Yes | No |  |
| Have you visited the doctors in the last year | Yes | No |  |
| Any medical problems that will cause you difficulties to work alone | Yes | No |  |
| Been abroad in the last 12 months | Yes | No |  |
| Do you consider that you have any disability either mental or physical | Yes | No |  |
| Doctors Name & Address: |
| I agree to inform my supervisor/company nurse of any changes in my health status, accidents or upper limb disorders. I understand that failure to do so is in breach of company rules. (The above information will be held under the terms of the Data Protection Act 1998).Print Name: Date of Birth:Signature: Date: |

GREEN LABEL FOODS LTD / GREEN LABEL HOLDINGS LTD & GREEN LABEL POULTRY LTD (“THE COMPANY”)

REFERENCES CONSENT FORM

I hereby consent tothe referees whose names and relevant contact details I have set out below providing a reference to “the Company” for the purpose of assessing my suitability for employment with the Company. I authorise my referees to provide either written and/or verbal references, and this includes both referees who are previous employers and non-work related personal or character referees. I agree that any reference provided about me may include information related to (but not necessarily limited to): my job title and job duties, dates of employment, reasons for leaving, final salary, competence, attitude, ability to manage workload and work without supervision, honesty, attendance record, timekeeping record, relations with colleagues and clients, disciplinary record, performance management record, grievances raised and days and instances of sickness absence.

I understand that I have a genuine choice as to whether I wish my referees to provide a reference about me. My explicit consent to the provision and release of a reference to the Company by my referees is therefore freely given and informed. Finally, I understand that I have the right to withdraw my consent at any time and that I may do this by contacting my referees directly.

I acknowledge that I have been notified that the Company will process any references provided by my referees for the purposes of the Company’s legitimate interests in conducting due diligence on prospective staff and assessing their suitability for employment.

Name of job applicant: . . . . . . . . . . . . . . . . . . . . . . . . . .

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

**REFEREE DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **First referee** | **Second referee** |
| **Name** |  |  |
| **Job title *(if applicable)*** |  |  |
| **Company *(if applicable)*** |  |  |
| **Address** |  |  |
| **E-mail address** |  |  |
| **Phone number** |  |  |
| **Relationship to you, e.g. previous employer, university lecturer, etc.** |  |  |