

ARTISAN BISCUITS LIMITED
 BLENHEIM ROAD
 ASHBOURNE, DERBYSHIRE
 DE6 1HA ENGLAND
T +44 (0) 1335 342373
F +44 (0) 1335 346394
E sales@artisanbiscuits.co.uk
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APPLICATION FOR EMPLOYMENT

ANY INFORMATION GIVEN ON THIS FORM WILL BE TREATED IN STRICTEST CONFIDENCE

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. ANY INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Please complete the form in block letters and in black ink.

PERSONAL:

Surname:	First Name:
Address:	Married/Single:
	National Insurance No:
Daytime contact No:	Email address:

EDUCATION :

Please give details of examinations taken and grades received

School/College/University attended	Subject taken	Grade received	Date

EMPLOYMENT HISTORY:

1. Present Employer (if any)	2. Previous Employer	3. Previous Employer
Duties performed:	Duties performed:	Duties performed:
Rate of pay: £	Rate of pay £:	Rate of Pay: £

If you are currently employed, please give your current notice period

Have you applied previously for a position with Artisan Biscuits Ltd

If you are a student – when will you be required to return to school or college/university? If yes, please give expected return date.

YES / NO
Return date:

REFEREES:

Please give the name & address two referees. One should be your current employer if you have one, the other an individual who can speak on your behalf. The second referee **must not** be a relative.

Please note no contact will be made with a current employer without your permission.

Referee 1

Referee 2

Name of Referee:	Name of Referee:
Contact Number:	Contract No:
In what capacity do you know this person:	In what capacity do you know this person:

MEDICAL HISTORY:

Due to Health and Safety requirements within the Bakery and following our Pre-Health screening policy for all bakery staff, please advise of any condition that you currently or have previously suffered from.

Asthma / breathing problems	YES/NO	Recurring Ear Infections	YES/NO
Back/Knee/Hip Joint problems	YES/NO	Recurring skin problems on hands/face/arms	YES/NO
Circulation/Fainting problems	YES/NO	Allergic reactions to soaps or other substance causing skin irritation	YES/NO
Food Allergies of any kind	YES/NO	Nut allergies	YES/NO
Epilepsy	YES/NO	Migraines	YES/NO
Diabetes	YES/NO	Nail Biting	YES/NO

Are you currently suffering or have you suffered in the last 12 months with any of the following conditions:

Standing / walking / Feet	YES/NO	Lifting or use of hands/arms	YES/NO
A discharging Ear	YES/NO	Boils, styes or septic fingers	YES/NO
Abdominal pain, diarrhoea or fever of any kind	YES/NO	A cough with phlegm or chest congestion	YES/NO
Any skin problems	YES/NO	Are you colour blind	YES/NO

If you have answered yes to any of the above, please give further details.

How many times have you been absent from work during the last 2 years?	
List any absences during that time that caused you to be absent from work in excess of 3 days and please state the reason for the absence:	

Please note that following any offer of employment you will be required to complete a full medical questionnaire in line with company policy.

Rehabilitation of Offences Act [1974]

Do you have any convictions which are not spent or are exempt from the Rehabilitation of Offenders Act [1974]?	YES / NO
If YES, please provide details:	
Are there any criminal proceedings pending against you:	YES / NO
If YES, please provide details:	

Equal Opportunities

Artisan Biscuits Ltd considers itself to be an Equal Opportunities employer in the provision of services to its customers and in the employment of staff and contractors regardless of race, colour, nationality, ethnic or national origin, religious belief, age, gender, disability, marital status or sexual orientation. This information will be treated as confidential and will be used for no other purpose besides monitoring.

Please note, if you do not wish to answer the questions in this section, your application will not be affected.

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Please state what you consider to be your Ethnic Group:	
Do you consider yourself to have a disability as defined by the Disability Discrimination Act?	YES / NO
If YES, state nature of disability:	
Do you need any adjustments to the workplace or special arrangements to help you carry out the duties of the post applied for?	
Asylum & Immigration Act 1996 – Section B Are you subject to United Kingdom Immigration Control?	YES / NO
Do you require a Work Permit?	YES / NO
If you are selected for an appointment, you will be asked to provide documentary evidence to confirm your ability to work in the United Kingdom – this applies to any prospective employee.	

Data Protection

The data contained in this form will be used by Artisan Biscuits Ltd for the purposes of assessing your application for employment and will not be disclosed to any third party without your consent.

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection.

Signed

Date

Print Name:.....

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