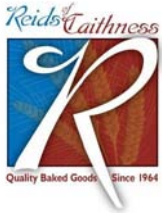


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Personal Details						
Surname:		Title (Mr, Mrs, Miss, etc.):				
Forename(s):						
Address:						
Postcode:		Mobile Tel. No:				
Home Tel. No:		Work Tel. No (optional):				
Email:						
Nationality:		Note: Any offer of employment is subject to the confirmation of your National Insurance Number in accordance with the Asylum and Immigration Act 1996.				
National Insurance Number:						
Post applied for:						
How did you hear of this vacancy:				Date advertised:		
Work Permit					YES	NO
Do you require a work permit for the UK?						
Do you have a current valid work permit?						
If yes, please state your work permit number:						
Working Pattern						
Please indicate ideally the hours you would like/are able to work:	Full-Time Days	Full-Time Nights	Part-Time am / pm	Temporary	Student	
Earliest suitable start time:		Minimum hours per week:				
Latest suitable finish time:		Maximum hours per week:				
					YES	NO
Do you hold a full driving licence?						
Do you own a car?						
Do you have any traffic offences? If yes, please give details:						
Driver Applicants Only for Company and/or Own Vehicles					YES	NO
Do you have any endorsements? If yes, please give details:						
Have you had any accidents in the last five years? If yes, please give details:						
Other Information (All Applicants)					YES	NO
Are you involved in any activity which might limit your availability to work or your working hours, e.g., local government? If yes, please give details:						

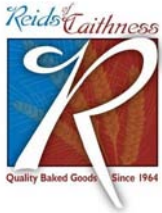


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	YES	NO
Are you willing to work overtime or weekends if required?		
Please give details of any hours which you would not wish to work:		
Have you ever worked for this business before?		
Are you related to any person employed in this business? If yes, please give details:		
Have you ever applied for employment with this business before? If so, please give details:		
You are required as part of your application to complete our Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment if required?		
Are there any adjustments that may be required to be made should you be invited for interview? If yes, please give details:		
How much notice are you required to give your current employer?		
Please specify your wage upon leaving your last position:		
If under 18 years of age, please provide your date of birth:		
Heavy Lifting	YES	NO
Do you have any health conditions which may prevent you from lifting weights of up to 25kg? If yes, please give details:		
Please Complete this Section if You Are Applying for a Food Handling Position		
Do you suffer from any of the following conditions:		
Skin allergies and conditions? If yes, please give details:		
Typhoid/Paratyphoid?		
Persistent cough?		
Recurring boils or septic fingers?		
Hepatitis?		
Diarrhoea or sickness lasting more than 3 days?		
Asthma?		



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Employment Record

Please start with your most recent employment. If necessary, please continue on a separate sheet of paper. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in the Supplementary Information section of this form.

1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving:

2. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving:

3. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving:

4. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving:



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Training

Please list any training you have received, or courses attended, which you feel are relevant to the post applied for, e.g., First Aid, Elementary Food Hygiene, etc.

Training Course	Date

Membership of Technical or Professional Associations

Please give details of membership of any technical or professional associations:

Foreign Languages

Please list any foreign languages spoken and the level of competence:

Interests, Achievements, Leisure Activities

Please give details of any hobbies, sports and club memberships:

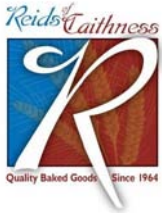


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Supplementary Information

Please tell us below of any further information in support of your application, e.g. personal strengths, specific skills or experience relevant to the post applied for:



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References

Please give name, address and position/occupation of two referees. One must be your present or recent employer whom we may approach for a reference. References will only be taken up for successful candidates. References from friends or relatives are not acceptable.

Can we approach your current employer before an offer of employment is made?		YES	NO
Name:	Name:		
Position:	Position:		
Address:	Address:		
Postcode:	Postcode:		
Tel. No:	Tel. No:		

Criminal Convictions

Do you have any criminal convictions or case pending?	YES	NO
If yes, please give full details below. This should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.		

Declaration

The information supplied in this application form is accurate to the best of my knowledge.

Signed: _____ **Date:** _____

*By signing and returning this application form you consent to Reids of Caithness using and keeping information about you, provided by you or third parties such as referees, relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability; these will be used solely for internal monitoring and will not be disclosed to any third party. **Thank you for completing the form.***

*Please return your completed application form to:
Mr Gary Reid, Reids Bakery, Riverside Place, Thurso, Caithness, KW14 8BZ.
Please mark the envelope as 'Confidential'.*