



## CONFIDENTIAL APPLICATION FORM

POSITION APPLIED FOR:

\*PLEASE COMPLETE IN BLOCK CAPITALS

### SECTION ONE: PERSONAL DETAILS

TITLE: MR/MS/MRS/MISS

FORENAME(S):

SURNAME:

DATE OF BIRTH:

NATIONAL INSURANCE NUMBER:

DO YOU NEED A WORK PERMIT TO TAKE UP EMPLOYMENT IN THE UK? YES  NO

DETAILS:

ADDRESS:

TELEPHONE NO:

HOME:

MOBILE:

BUSINESS:

POSTCODE:

TICK THE BOX IF YOU DO NOT WISH TO BE CONTACTED AT WORK

### SECTION TWO: EDUCATION

NAME AND ADDRESS(ES) OF SCHOOL(S)/COLLEGE(S)	DATES FROM TO	SUBJECT/COURSES STUDIED AND LEVEL	EXAMINATION RESULT/GRADE

### SECTION THREE: FURTHER AND HIGHER QUALIFICATIONS

PLEASE GIVE DETAILS OF ALL FURTHER AND HIGHER EDUCATION SINCE LEAVING SCHOOL, INCLUDING TRAINING COURSES AND DETAILS OF QUALIFICATIONS

UNIVERSITY/COLLEGE/INSTITUTE ATTENDED	DATES FROM TO	SUBJECT STUDIED/ TYPE OF TRAINING	QUALIFICATIONS OBTAINED

**PROFESSIONAL ASSOCIATIONS:**

PLEASE DETAIL MEMBERSHIP OF ANY TECHNICAL OR PROFESSIONAL ASSOCIATION

**FOREIGN LANGUAGES:**

PLEASE LIST ANY FOREIGN LANGUAGES YOU SPEAK AND YOUR LEVEL OF COMPETENCE BOTH ORAL AND WRITTEN

**SECTION FOUR: EMPLOYMENT RECORD**

PLEASE START WITH LAST/PRESENT JOB AND IF NECESSARY, CONTINUE ON A SEPARATE SHEET

DATES FROM                      TO	NAME(S) AND ADDRESS(ES) OF EMPLOYER	POSITION HELD/ MAIN DUTIES	SALARY	REASON FOR LEAVING

PLEASE GIVE DETAILS OF ANY EXPERIENCE, SKILL OR ACHIEVEMENTS WHICH YOU FEEL MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION FOR EMPLOYMENT. (CONTINUE ON SEPARATE SHEET IF NECESSARY)

PLEASE SUMMARISE YOUR REASONS FOR APPLYING FOR EMPLOYMENT WITH AIMIA FOODS LIMITED.

## SECTION FIVE: DECLARATION OF HEALTH

PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS/DISABILITIES SUFFERED IN THE LAST FIVE YEARS.

HOW MANY DAYS ABSENT FROM WORK DID YOU HAVE DURING THE LAST 12 MONTHS

## SECTION SIX: SUPPLEMENTARY INFORMATION

PLEASE GIVE DATES OF ANY HOLIDAYS ARRANGED:

ARE YOU SUBJECT TO ANY RESTRICTIVE COVENANTS IN YOUR CURRENT EMPLOYMENT? YES  NO

IF YES, PLEASE GIVE FURTHER INFORMATION:

ARE YOU ABLE TO WORK OVERTIME AND WEEKENDS WHEN REQUIRED?

YES  NO

ARE YOU ABLE TO WORK SHIFTS WHEN REQUIRED?

YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES  NO

(WHICH IS NOT A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974)

IF YES PLEASE GIVE INFORMATION:

SALARY RANGE EXPECTED:

HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE TO LEAVE YOUR PRESENT EMPLOYMENT?

HAVE YOU WORKED FOR AIMIA FOODS BEFORE? YES  NO

IF YES, PLEASE GIVE REASON FOR LEAVING:

HAVE YOU APPLIED TO AIMIA FOODS BEFORE? YES  NO

IF YES PLEASE GIVE DETAILS:

PLEASE LIST YOUR INTERESTS, HOBBIES ETC:

DO YOU HAVE A CURRENT DRIVING LICENCE? YES  NO

(PLEASE LIST ANY CURRENT ENDORSEMENTS)

DO YOU HAVE YOUR OWN TRANSPORT? YES  NO

DO YOU HAVE ANY FAMILY OR OTHER CONTACTS WITHIN THE COMPANY? YES  NO

IF YES PLEASE GIVE DETAILS:

## SECTION SEVEN: REFERENCES

PLEASE GIVE THE DETAILS OF TWO REFEREES INCLUDING YOUR PRESENT OR MOST RECENT EMPLOYER IF POSSIBLE, WHO CAN WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB (RELATIVES MAY NOT BE GIVEN AS REFEREES).

NAME, POSITION, ADDRESS AND TELEPHONE NUMBER	NAME, POSITION, ADDRESS AND TELEPHONE NUMBER
MAY WE CONTACT PRIOR TO THE INTERVIEW YES <input type="checkbox"/> NO <input type="checkbox"/>	

## SECTION EIGHT: APPLICANT DECLARATION

I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE IN ALL RESPECTS.  
 I UNDERSTAND THAT ANY FALSE INFORMATION OR DELIBERATE OMISSIONS WILL DISQUALIFY ME FROM EMPLOYMENT OR MAY RENDER ME LIABLE FOR DISMISSAL.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

PROGRESS TO INTERVIEW	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, INTERVIEW DETAILS:
IF NO, REJECTION LETTER SENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
INTERVIEWER NOTES:			INTERVIEWER:
OFFER OF EMPLOYMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF NO, REJECTION LETTER SENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES, OFFER LETTER SENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
START DATE:			



WE WELCOME ALL APPLICATIONS REGARDLESS OF RACE, COLOUR, NATIONALITY, RELIGION, ETHNIC ORIGIN, SEX, SEXUALITY, AGE, SOCIAL BACKGROUND, MARITAL STATUS OR DISABILITY.



## EQUAL OPPORTUNITIES MONITORING FORM

AIMIA FOODS IS COMMITTED TO ITS EQUAL OPPORTUNITIES POLICY TO ENSURE THAT ALL JOB APPLICANTS ARE CONSIDERED ON A FAIR, UNBIASED AND LAWFUL BASIS.

WE WOULD LIKE TO THANK YOU FOR COMPLETING THE FOLLOWING FORM AND ASSURE YOU THAT ALL ANSWERS ARE TREATED IN STRICT CONFIDENCE AND USED ONLY FOR MONITORING PURPOSES.

NAME: \_\_\_\_\_

SEX:            MALE                       FEMALE

AGE:            16 -25                       26 - 34                       35 - 44   
                    45 - 54                       55 - 64                       65 +

### ETHNIC ORIGIN

#### WHITE

BRITISH                       IRISH                       ANY OTHER WHITE BACKGROUND  
PLEASE SPECIFY: \_\_\_\_\_

#### MIXED

WHITE AND BLACK CARRIBEAN                       WHITE AND BLACK AFRICAN                       WHITE AND ASIAN                       ANY OTHER MIXED BACKGROUND  
(PLEASE SPECIFY): \_\_\_\_\_

#### ASIAN OR ASIAN BRITISH

INDIAN                       PAKISTANI                       BANGLADESHI                       ANY OTHER ASIAN BACKGROUND  
(PLEASE SPECIFY): \_\_\_\_\_

#### BLACK OR BLACK BRITISH

CARRIBEAN                       AFRICAN                       ANY OTHER BLACK BACKGROUND  
(PLEASE SPECIFY): \_\_\_\_\_

#### CHINESE OR OTHER ETHNIC GROUP

CHINESE                       OTHER (PLEASE SPECIFY): \_\_\_\_\_

### NATIONALITY

PLEASE SPECIFY: \_\_\_\_\_

### DISABILITY

THE DISABILITY DISCRIMINATION ACT 1995 STATES THAT "A PERSON HAS A DISABILITY FOR THE PURPOSE OF THIS ACT IF HE/SHE HAS A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL AND LONG-TERM ADVERSE EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES".

DO YOU CONSIDER YOURSELF TO BE DISABLED? YES  NO

PLEASE INDICATE IF THERE ARE ANY ADJUSTMENTS WE COULD MAKE TO FACILITATE YOUR INTERVIEW:-

\_\_\_\_\_  
\_\_\_\_\_

