



Ripon Select Foods Ltd. Dallamires Way North, Ripon, N. Yorks. HG4 1TL
Tel: 01765 601711 Fax: 01765 607481 www.rsf.co.uk Email: ingredients@rsf.co.uk

Ref. No: _____

APPLICATION FORM FOR EMPLOYMENT

All parts to be completed by hand

PRIVATE AND CONFIDENTIAL		
POSITION APPLIED FOR:		
Surname	Forename(s)	Title
Address		
Telephone number: Mobile No: Email address		
Current driving licence: Yes/No Groups Expiry date	Details of endorsements	

EDUCATION HISTORY

Schools	Qualifications gained
Colleges/Universities	Qualifications gained
Other training/courses attended	Qualifications gained

EMPLOYMENT HISTORY (most recent first)

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references with telephone number or email address. Please state relationship.	
1.	2.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

GENERAL COMMENTS

Please give here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Are you disabled YES/NO If YES, please give details and specify any special needs in relation to your disability.
Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.
Please list all absences from work in the past 12 months and the reason for such absences.

DECLARATION (Please read this carefully before signing this application)

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<ol style="list-style-type: none"> 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. 3. I agree that the organisation reserves the right to require me to undergo a medical examination. 4. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 	
Signed	Dated

<u>FOR OFFICE USE ONLY</u>	
First interview date and notes:	
Second interview date and notes:	
Offer letter: Y/N	Rejection letter: Y/N
Acceptance: Y/N	References: Y/N
Medical: Y/N	
PASS TO ADMIN:	DEAD FILE/NEW FILE