



Ripon Select Foods Limited, Dallamires Way North, Ripon, N Yorks, HG4 1TL  
Tel: 01765 601711 Fax: 01765 607481  
Website: [www.rsf.co.uk](http://www.rsf.co.uk) Email: [ingredients@rsf.co.uk](mailto:ingredients@rsf.co.uk)

## APPLICATION FORM FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

STATE POSITION APPLIED FOR:

### YOUR DETAILS

Forename(s):

Surname:

Address:

Postcode:

Telephone number:

Email address:

How did you learn of this vacancy:

Have you, or any relative, ever worked for this company before: YES  NO

Date / Job Title / Reason for leaving:

### DRIVER DETAILS

If this position requires driving company vehicles, please complete the following:

Do you have a current driving licence? Yes  No  Expiry date:

If 'Yes': Full  Provisional  HGV  Car  M'cycle

Details of endorsements:

### CRIMINAL RECORD

Declaration subject to the Rehabilitation of Offenders Act 1974

Have you ever been convicted of a criminal offence Yes  No

If 'Yes', please give details:

### RIGHT TO WORK IN THE UK

Are you legally entitled to work in the UK Yes  No

Evidence is required prior to commencing employment.

### DESCRIBING YOU

Please tell us what skills and personal qualities you have to enable you to work successfully in this role.

**EMPLOYMENT HISTORY – CURRENT EMPLOYER**

From (DD/MM/YY):		To (DD/MM/YY):		
Company Name & Address, including post code:				
Job Title:				
Key duties & achievements:				
Reason for leaving:				
Salary/Wage:	£	per annum	Notice Period:	
Contact for Reference:	Name:	Position:		
Telephone No:				
<b>May we contact your present employer for a reference?</b>				
Please note that we will not contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your current contract of employment contain any restrictions that prevent you from competing with your current employer or soliciting its customers after you have left? If yes, please supply a copy of your contract of employment.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EMPLOYMENT HISTORY – PREVIOUS EMPLOYER**

From (DD/MM/YY):		To (DD/MM/YY):	
Company Name & Address, including post code:			
Job Title:			
Key duties & achievements:			
Reason for leaving:			
Salary/Wage:	£	per annum	
Contact for Reference:	Name:	Position:	
Telephone No:			

<b>EMPLOYMENT HISTORY – PREVIOUS EMPLOYER</b>	
From (DD/MM/YY):	To (DD/MM/YY):
Company Name & Address, including post code:	
Job Title:	
Key duties & achievements:	
Reason for leaving:	
Salary/Wage:        £	per annum
Contact for Reference:	Name: Position:
Telephone No:	

<b>EDUCATION DETAILS</b>			
<b>School</b>	<b>Qualification eg 'O' Level, GCSE</b>	<b>Subject(s) / Course</b>	<b>Grade Attained</b>
<b>College / University</b>	<b>Qualification eg C&amp;G, Degree</b>	<b>Subject(s) / Course</b>	<b>Grade Attained</b>
<b>Other Training</b>	<b>Qualification</b>	<b>Subject(s) / Course</b>	<b>Grade Attained</b>

**PUBLIC OR VOLUNTARY COMMITMENTS / INTERESTS, HOBBIES AND SPORTS**

Please give details of any public or voluntary commitments and approximate time entailed by commitment(s) and also list any spare time interests and hobbies.

**DATA PROTECTION**

The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent, we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

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

**UNDERTAKING**

Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.

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

Note: We are an equal opportunities employer and will not tolerate discrimination in any form.

**ADDITIONAL INFORMATION**

Please use this area to add any information you have not been able to add on the rest of the application form, or for extra space.

**FOR OFFICE USE ONLY:**

First interview by (initials):	Scores/Comments:
Second interview by (initials):	Comments:
Offer?                            Y / N	Rejection letter sent?            Y / N
Offer letter sent?            Y / N	Handbooks, forms, etc sent?    Y / N
References received?        Y / N	Acceptance letter received?    Y / N

**PRE-OFFER MEDICAL QUESTIONNAIRE FORM  
PRIVATE AND CONFIDENTIAL**

Name:
Address:

The purpose of this questionnaire is to alert the Company to any issues affecting your health of which the Company should be aware for the following reasons:

- Ensuring compliance with any duty of the Company to make reasonable adjustments to any provision, criterion, practice or Company premises that may be required during the recruitment process;
- Assessing whether there are any functions intrinsic to the role you cannot undertake;
- The Company has a duty of care for its employees.

Please answer the following questions in the space provided:

QUESTION	ANSWER
Please state whether you have any specific requirements or require any adjustments in order to attend an interview.	
Do you have any physical, medical or health issue which may impact on your ability to carry a function that is intrinsic to the role?	
Do you have any health problems that could be affected by your place of work?	
Do you have or have you ever suffered any medical condition that affects your breathing e.g. Asthma	
Do you suffer from any skin conditions that affect the skin on your hands?	

**I confirm that the information I have given on this Pre-Offer Medical Questionnaire is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form, my future employment can be terminated without notice.**

Signed: \_\_\_\_\_

Date: