



## ② EMPLOYMENT HISTORY / WORK EXPERIENCE :

List in date order starting with your present/most recent employer and include details of any government training schemes. Please explain any gaps in employment over the last 10 years.

Employer's name, address and nature of business	From	To	Position held plus brief description of main duties & responsibilities	Salary plus any benefits	Reason for leaving

## ③ EDUCATION :

Name of Secondary School(s) Attended	From (year)	To (year)	Subjects Studied / Qualifications Gained
<b>Further Education – give details of college/university, etc with dates attended and qualifications gained:</b>			
<b>Other Training Undertaken – description of training/short courses, etc and dates:</b>			

#### ④ ADDITIONAL INFORMATION :

Do you currently hold a full driving licence?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a car owner?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Please detail any current penalty points endorsements:	
Do you have a current food hygiene certificate?      Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please attach a photocopy <input type="checkbox"/>
Do you have a current First Aid certificate?      Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' please attach a photocopy <input type="checkbox"/>
Other Relevant Skills – describe any other relevant skills, such as experience of computers and IT programmes, voluntary work, etc:	
Tell us your reasons for applying for this post and why you would like to work for Mathiesons:	
What are your current hobbies and interests?	

#### ⑤ HEALTH :

*The Equality Act 2010 protects people with disabilities from unlawful discrimination. The Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his ability to carry out normal day to day activities.*

Do you have a disability (or a health issue) that may require Mathiesons Bakery Ltd to make reasonable adjustments should you be selected for interview?      Yes / No

*If yes, please give details*

**Please note that all offers of employment are subject to satisfactory completion of a medical questionnaire. Should Mathiesons Bakery Ltd believe that an employee's health as detailed in the medical questionnaire may impact their ability to carry out their role effectively, the Company may refer a new employee to Occupational Health, or seek access to medical reports. Should this arise, employee's written consent will be sought.**

***Mathiesons operates a no smoking policy***

## ⑥ REHABILITATION OF OFFENDERS ACT :

Have you been convicted of any criminal offence which has not lapsed under the Rehabilitation of Offenders Act? Yes  No . If 'Yes' please give details of the nature of the conviction(s) and date(s):

## ⑦ REFERENCES :

Give the name, address and telephone number of two people who can be approached for references and who are NOT family relations. One of these should be your current or most recent employer. If you do not have any previous work experience please supply an educational or personal referee.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

May we contact prior to interview? Yes  No

May we contact prior to interview? Yes  No

All employment is offered on a probationary period and is subject to satisfactory references

## ⑧ DECLARATION :

*I confirm that the information given in this application is true and correct. I understand that false information or omissions may lead to termination of any employment offered. I also understand and consent to the company using the information contained in this form for the purpose of monitoring its equal opportunities policy and the effectiveness of its recruitment procedures.*

*I understand that the information provided by me and the uses of this personal information are covered by the Data Protection Act and that under the terms of this Act the company have a legal obligation to ensure that the information held and processed by them complies with the principles of the Act. I understand that the personal information provided by me will be treated in the strictest confidence and will be used only for purposes of which I am aware. In the event that I do not subsequently become an employee of Mathiesons Bakery Limited I understand that the information will be retained for the purposes of assessing whether the Company have any other positions which may be suitable for me and will be removed from the company's files and destroyed after a period of twelve months.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed form to:

Mathiesons Bakery Ltd, 2 Central Park Avenue, Central Park, Larbert, FK5 4RX

**Due to the high volume of application forms received, only those who are successful will be contacted by the company. Please note, however, we will keep your application on file for six months.**

## Medical Questionnaire

Your offer of employment is subject to the completion of a medical questionnaire. The purpose of this questionnaire is to identify any physical and psychological problems which affect the ability of the potential Employee to carry out the proposed employment in a safe and effective manner; to advise the potential Employee and Mathiesons Bakery Ltd if there are medical reasons why the duties of the position may not be suitable; and to identify those adjustments to employment that may be required to enable the employee to perform the job to the standard required. All information provided is treated as confidential and Mathiesons are bound by their obligations as a result of the Equality Act 2010.

Position applied for:		
Name:	Date of Birth:	
Address:		
Please tick the boxes in answer to the appropriate questions:		Yes
		No
1. Have you ever suffered from Enteric Fever i.e. Typhoid or Paratyphoid?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
2. Have you or anyone within your household suffered from diarrhoea and / or vomiting within the last 12 weeks, where systems persisted for 24 hours or more?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
3. Do you suffer from any skin problems affecting your hands, arms or face e.g. eczema, dermatitis, psoriasis, acne, septic spots or nail infections?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
4. Are you currently suffering from or have you ever had recurrent infection of, or discharge from the ears, eyes, gums, nose or throat?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
5. Do you have any allergies to food?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
6. Have you suffered from asthma at any time in the last five years?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
7. Are you suffering from any medical condition for which receive treatment or have regular specialist follow up?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:		
8. Do you suffer from any recurrent chest problems e.g. bronchitis or sneezing?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		
9. Do you suffer from fits, blackouts or dizzy spells?		
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details		

10. Please give further details below and describe any other condition from which you suffer/have suffered which has not so far been referred to but you believe may be relevant to your employment

I confirm that the information I have given is true and to the best of my knowledge.  
Signature of Employee:

Date:

I confirm that this person is fit to work as a food handler in all circumstances relating to the Food Safety Act and its associated Regulations.  
Signature of Food Safety Advisor:  
Name:  
Title:

Date:

I confirm that this person may not be fit to work as a food handler in all circumstances relating to the Food Safety Act and its associated Regulations and as such I will request consent to:

Date

**Occupational Health / Access to Medical Report (please circle)**

Signature of Food Safety Advisor:  
Name:  
Title:

Please seek written consent as per 'RIGHTS UNDER ACCESS TO MEDICAL RECORDS ACT 1988' form

## Equal Opportunities

In accordance with its policy on equal opportunities in employment, Mathiesons provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origins, sex, sexual orientation, religion or belief, marital status, age or disability.

In order to assess how successful this policy is we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on this form. We have asked for your name to enable us to make sure we receive all forms back.

All information will be treated in confidence.

Thank you for your assistance.

**Date:** \_\_\_\_\_

**Post title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**1. Gender:**

MALE \_\_\_\_ FEMALE \_\_\_\_

**2. Date of Birth** \_\_\_\_\_

**3. Age** \_\_\_\_\_

**4. Marital status:**

MARRIED \_\_\_\_ SINGLE \_\_\_\_ OTHER \_\_\_\_

**5. Nationality:** \_\_\_\_\_

**6. What is your spoken language:** \_\_\_\_\_

**7. Ethnic origin:** \_\_\_\_\_

(Relates to a sense of identity/belonging on the basis of race/culture)