

SIMMONS BAKERS APPLICATION FORM

Position applied for:.....

Surname:..... Christian Names:.....

Full Postal Address:.....

..... Post Code:.....

Telephone No..... Mobile No.....

Date of Birth..... N.I. No.

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Nationality:.....

Marital Status:..... Number of children if any:.....

Do you hold a full Driving Licence? Y / N Are you disqualified from driving at the present time? Y / N

Please give reason for disqualification in brief:.....

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Have you ever worked for Simmons before? Y / N Do you have relatives working at Simmons? Y / N

Would you be prepared to work overtime? Y / N Do you have a criminal record? Y / N

If yes please explain briefly below:

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Qualifications:.....

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Employment details over the last 10 years:

Name & Address of company:	Dates:	Position held:	Salary:

We may contact one of more of these for a reference

MEDICAL DETAILS – All information will be treated as confidential. No contact will be made without your agreement.

Doctors Name:.....

Doctors Address:.....

..... Tel No.....

Have you suffered from any of the following? Please delete Yes or No as appropriate and give details in the space provided below, including dates, doctors names and the address of the hospital you attended.

Dysentery: Y / N Typhoid / Para Typhoid: Y / N Migraine: Y / N
Food Poisoning: Y / N Tuberculosis: Y / N Epilepsy: Y / N
Hay Fever: Y / N Depression: Y / N Asthma: Y / N
Diabetes: Y / N Back Problems: Y / N Heart Disease: Y / N

Are you allergic to any food substances i.e. nuts, seeds etc.? Y / N (if yes please give details)

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Have you suffered from any of the following over the last two years?

Diarrhoea, vomiting, serious skin conditions e.g. Eczema, Psoriasis etc. ear, nose or throat problems

Details:.....
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Do you smoke? Y / N Do you bite your nails? Y / N

Please also give details of any other medical conditions, which may affect your work as a food handler, your ability to operate machinery safely or to attend work on a regular basis.

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Should it be necessary we may need to contact you to provide specimens that may be required by a doctor to ensure that you are not a carrier of any organism that may affect any food you handle.

.....~.....

I declare that the information provided is correct and complete to the best of my knowledge, I understand that to give false information is a disciplinary matter.

Signature of Applicant: Date:.....

For Managers use only To be completed upon confirmation of employment
Date employment to commence:..... Location:.....
Days / Hours of work:
Monday: AM from: to:..... PM from:..... to:.....
Tuesday: AM from: to:..... PM from:..... to:.....
Wednesday: AM from:..... to:..... PM from:..... to:.....
Thursday: AM from:..... to:..... PM from:..... to:.....
Friday: AM from:..... to:..... PM from:..... to:.....
Saturday: AM from:..... to:..... PM from:..... to:.....
Hourly Rate of Pay:.....
Incentive:..... Bonus:.....
Additional Information:.....
Managers Signature:..... Date:.....