

STRATHENRY DAIRIES FIFE Ltd

4a & 37 Poplar Road, Glenrothes, Fife, KY7 4AA, 01592 328141

Start Date:-

Run:-

APPLICATION FORM FOR EMPLOYMENT

PERSONAL INFORMATION

Full Name:-	
Address	
Post Code:-	
Tel No (Home)	
Tel No (Mobile)	
Date of Birth	
Marital Status	
No. Of Dependants	
National Insurance No:	
Clean Driving Licence	No/Yes
If NO please give	
full details	
Own Transport	No/Yes

REFERENCES (2)

Company :-
Address:-
Post Code:-
Tel No:-
Contact:-

Company :-
Address:-
Post Code:-
Tel No:-
Contact:-

EMPLOYMENT HISTORY – Begin with most recent employer

Date	Company Name/Address	General Duties
From To Reason for Leaving:		
From To Reason for Leaving:		
From To Reason for Leaving:		
From To Reason for Leaving:		

MEDICAL HISTORY

General Health

Details of any Illness:

ADDITIONAL INFORMATION

Please give details of hobbies and interests, along with any other information to support your application:-

DECLARATION - By signing below, you are declaring that the information given in this application form is correct at the date of signing

Signature

Date.....

Stratheny Dairies - Drivers Insurance Declaration

Name:

Address:

Date of Birth			
Date Test Passed			
Type of Licence Held : (Full, HGV etc)			

Give details of all accidents, damage, fire or theft losses (regardless of blame or whether covered by insurance or not) during the past 5 years

Date of Accident / Loss	Circumstances	Cost
		£
		£
		£

Give details of all motoring convictions including fixed penalty endorsements to your licence

Date of Conviction	Motoring Endorsement Offence Code	Penalty Points	Sentence and or Fine

(Please circle your answer for the next 4 questions)

Have you suffered from defective vision or hearing, other than corrected by glasses or hearing aid, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? – Yes / No

If yes has the health condition been notified to the Driver Licensing Agency (DVLA) and have they issued a licence? Yes / No

Have you been asked to pay an increased premium or imposed special conditions on any motor insurance policy in the past 5 years Yes / No

Have you been refused motor insurance or had a policy cancelled? Yes / No

If you have highlighted (circled) any of the shaded areas, please give full details:

Please note a copy of your driving licence must be attached

Please note any changes to the above information should be notified to your manager immediately

I declare that to the best of my knowledge and belief all the answers are true and no material fact has been omitted

Drivers Signature

Date

NAME:-					
Pre Employment Questionnaire		YES	NO	Please give details	
1	Are you in good health				
2	Have you suffered from any illness in the last 6 months?				
3	Have you or any member of your family suffered from sickness/diarrhoeas in the last month?				
4	Do you suffer from any skin condition?				
5	Do you suffer from any allergies?				
6	Have you ever worked as a food Handler?				
7	Have you received any formal training in Food Hygiene?				
8	Do you suffer from recurring bowel disorder?				
9	Have you ever had, or are you now known to be a carrier of typhoid, paratyphoid, VTEC (eg E-coli-0157) or Hepatitis A				
10	In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid				
11	Have you suffered from epilepsy, diabetes and or asthma?				
12	Are you on any medication for the 3 conditions highlighted in 11 or are you on any medication for other similar conditions				
13	Are you colour blind?				
14	Do you suffer from back pain				

I confirm that the above information is accurate and i have understood the Induction and agree to abide by the Company Rules.

Signed..... Date.....

IGNORING QUESTION 1, IF THE ANSWER TO ANY OF THE REMAINING QUESTIONS IS YES THEN THIS SHOULD BE PASSED ONTO THE TECHNICAL/FOR REFERRAL. IF NECESSARY MEDICAL ADVICE MAY BE OBTAINED.

Approval:

Signed..... Position..... Date.....