FLEMING

Machinery for Agriculture and Countryside Care

INVESTOR IN PEOPLE

150 years 1860 - 2010

APPLICATION FOR EMPLOYMENT

Please note a Curriculum Vitae is not acceptable. Please complete all sections of this form in block letters using black ink or type.

Position applied for:

Job Ref No: | **App Ref No (Office Use Only):**

PERSONAL DETAILS

Forename(s)_____ **Surname**_____

Address: _____ **Telephone (Home)**_____

_____ **Telephone (Work/Mob)**_____

Post Code _____ **National Insurance No**_____

Email _____ **Driving License: Yes/No**

EDUCATION

School Attended	Qualifications, subjects and grades gained	Year of exams

TRAINING

Course	Award Achieved	Date Attended

EMPLOYMENT HISTORY

List your last FOUR Positions held, Most Recent First.

Employer: _____ Position Held _____

Address: _____

Start Date _____ Leaving Date _____ Salary _____ Notice Required _____

Reason for Leaving _____

Summary of Main Duties_____

_____

_____

_____

PREVIOUS EMPLOYMENT DETAILS

From	To	Employer's Name and Address	Job Title and Responsibilities

Are you willing to work

Days ☐ Nights ☐ Weekends ☐ Overtime ☐

RELEVANT EXPERIENCE

Please add any further information that you feel may be relevant to support your application.

HOBBIES & INTERESTS

REHABILITATION OF OFFENDERS (EXCEPTIONS) ORDER (NI) 1979

Have you ever been convicted of a criminal offence? YES/NO

If answered YES please give details _____

_____

_____

_____

Candidates are assured that information regarding spent convictions will not necessarily disqualify them from consideration.

REFEREES

Please give two referees, one must be your current or most recent employer. These referees may be contacted in advance of your interview unless you specify otherwise.

Name _____ **Name** _____

Organisation _____ **Organisation** _____

Address: _____ **Address:** _____

_____ _____

Daytime Telephone No:_____ **Daytime Telephone No:**_____

DECLARATION

DECLARATION BY APPLICANT

I confirm that the information is correct and understand that misleading statements or deliberate omissions may be sufficient grounds for canceling any agreement made.

A candidate found to have knowingly given false information or have willfully suppressed any material fact will be liable for disqualification, or, if appointed, to dismissal.

Signed: …….. Date: ……

How did you find out about this vacancy? (Please State) ……...

RETURN COMPLETED FORM TO:

HR Department
Fleming-Agri Products Ltd
Newbulidings Ind Est
Victoria Road
Londonderry
BT47 2SX

OCCUPATIONAL HEALTH QUESTIONNAIRE

SECTION A

Name. _____ **Date of Birth** _____

Address: _____

Telephone No: _____ **Post Code** _____

GP's Name and Address: _____

_____

SECTION B

	YES	NO	DETAILS
Have you seen your GP or a hospital doctor during the last 2 years?			
Are you receiving any treatment or ongoing medication?			
Do you have any known allergies?			
Have you lost time from work/school due to illness in the last 2 years?			
Have you ever had an injury at work requiring time off from work?			
Have you ever been rejected employment on medical grounds?			

SECTION C

Have you ever had or do you presently have any of the following?

Arthritis/ Rheumatism	Y/N	Eye/Ear Conditions	Y/N	Skin Conditions	Y/N	Back Problems	Y/N
Asthma	Y/N	Epilepsy, Migraines	Y/N	Bronchitis, cough	Y/N	Mental Health problems	Y/N

SECTION D

Please give further details if you have answered YES to any of the questions above.

_____

SECTION E

DECLARATION

I declare that the above statement is true and complete to the best of my knowledge.

Signed: _____ **Date:** _____

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EQUAL OPPORTUNITIES MONITORING

App Ref No (Office Use Only): _____

We are an Equal Opportunities Employer. We do not discriminate on grounds of religious belief, political opinion, gender, disability, race or ethnic origin. We practice equality of opportunity in employment and select the best person for the job.To demonstrate our commitment to equality of opportunity we need to monitor the community of our employees, and applicants, as required by the Fair Employment (N.I) Order 1998.We are therefore asking you to give us extra information which will be treated in the strictest confidence, and used for monitoring purposes only. This extra form will not be filed with other details, as given on your application form.

GENDER	AGE
MALE ☐ FEMALE ☐	DATE OF BIRTH _____

MARITAL STATUS

I AM SINGLE ☐ MARRIED ☐ OTHER ☐

DISABILITY

Under the Disability Discrimination (NI) Act 1995 a disabled person is defined as a person with: "A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities". Having read this definition, do you consider yourself to have a disability? YES ☐ NO ☐

RELIGION

Please indicate the community to which you belong by ticking the appropriate box.

I am a member of the Protestant Community ☐

I am a member of the Roman Catholic Community ☐

I am neither a member of the Protestant nor the Roman Catholic Community ☐

RACE/ETHNIC ORIGIN

BLACK CARIBBEAN	☐	IRISH TRAVELLER	☐	CHINESE	☐
WHITE	☐	MIXED ETHNIC GROUP	☐	PAKISTANI	☐
INDIAN	☐	OTHER (please specify) _____			

PLEASE RETURN IN SEPARATE ENVELOPE