



MANOR FARM, SHERCOCK, CO. CAVAN

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS - *PRIVATE AND CONFIDENTIAL* (Please use block capital letters)

Mr. Mrs. Miss.	CHRISTIAN NAMES	SURNAME	MAIDEN NAME (if applicable)	
PRESENT ADDRESS: _____ _____			TELEPHONE NO. _____	
How long have you lived there? _____				
If less than 2 years: Former address. _____				
DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY	MARITAL STATUS	AGE

Have you been previously employed by this company?	Yes / No
Are any of your family or relations employed by this company?	Yes / No
If yes, give details _____	

DETAILS OF YOUR EDUCATION -			
NAME AND ADDRESS OF SCHOOL	FROM	TO	DETAILS OF EXAMS TAKEN
DETAILS OF ANY TRAINING _____			

<u>HOBBIES AND INTERESTS</u>
PLEASE GIVE DETAILS OF PASTIMES, HOBBIES, SPORTS ETC, _____

Employee Medical Questionnaire

PLEASE USE BLOCK CAPITALS.

Name: _____ **Marital Status** _____

Address: _____

Clock No. _____ **D.O.B.** _____

Nationality _____ **Gender** _____

1. **Have you ever had or been a carrier of:**

A food – borne disease	YES/NO
Typhoid or paratyphoid	YES/NO
Tuberculosis	YES/NO
Parasitic infections	YES/NO

2. **Has any close family/contact suffered from any of the above? YES/NO**

3. **Have you suffered from any of the following:**

Serious diarrhoea or vomiting	YES/NO
Skin trouble	YES/NO
Boils, styes or septic fingers	YES/NO
Discharge from the ears, eyes, gums/mouth	YES/NO

4. **Please give details of any other medical problems which may affect you employment as a food handler, for example, recurring gastrointestinal disorder.**

5. **Have you been abroad within the last 2 years YES/NO**
Where _____

6. **Should it be necessary, will you agree to provide such specimens that may be required by the company to ensure that you are not a carrier of any organism which may infect food? YES/NO**

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

Signed: _____ **Date:** _____

Do you own your own car or motor cycle? Yes / No
If no, what travel arrangements can you make to get to and from work _____

Please give details of your employment beginning with present / last employer.

DATE		NAME, ADDRESS AND BUSINESS OF EMPLOYER	CONTACT NAME	NATURE OF WORK	REASON FOR LEAVING
FROM	TO				

Please give reasons for any breaks in employment: _____

SECURITY

Have you ever been convicted of a criminal offence? Yes/No

PERSONAL REFERENCES : Please give details of two people (not relations)

NAME	ADDRESS	OCCUPATION	KNOW HOW LONG
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH DECLARATION

APPROXIMATE HEIGHT _____ APPROXIMATE WEIGHT _____

Please give details of any illness, disease or operation that you have had or are suffering from, to include, diabetes, fits and blackouts, skin trouble, defective vision, defective hearing or any physical disability. If none, state this fact:

Have you visited a doctor during the last 12 months? Yes/No

If yes state the reason: _____

Have you been ill for longer than two weeks during the last two years. If so when and for what reason.

Yes/No _____

How many days have you been absent from work / school in the last five years due to illness?

Have you stayed in hospital at any time? Yes/No

Have you ever been in an accident? Yes/No

Do you get dizzy spells or fainting attacks? Yes/No

Do you suffer from any skin condition? Yes/No

Who is your family doctor? _____

Would the sight of blood or intestines affect you? Yes/No

Would the sight of moving conveyors affect you? Yes/No

Do you participate in sporting activities? Yes/No

Are you or your immediate family involved with poultry farming? Yes / No

Do you reside on or near a poultry farm? Yes / No

Are you or your immediate family involved with:

- | | |
|-----------------|----------|
| 1. Pig farming | Yes / No |
| 2. Dry stock | Yes/No |
| 3. Milking herd | Yes/No |

DECLARATION

If I am employed by Manor Farm I understand that I have to be prepared to work in any part of the factory and as the business deals with live poultry and perishable food I have to be prepared to co-operate with overtime on an ongoing basis. I agree to be bound by the rules and conditions of employments. All information supplied on this form is correct to the best of my knowledge. I understand that deliberately incorrect information will invalidate the terms of my employment and leave me liable to summary dismissal.

DATE _____ NAME _____ SIGNATURE _____
(In block capitals)

CONSENT

We will process the personal data you have provided in your application, such as your name, address, e-mail address, telephone number and information in your CV, such as work experience, previous workplaces, certificates, photograph and any other information you voluntarily provide to us. Some information may also be collected from publicly accessible sources.

The legal basis for this processing of your personal data is that it's necessary for our legitimate interest of assessing your application as requested by you (i.e. our performance of the contract with you). [If you have agreed to us keeping your application for a certain time after the recruitment process is over for the purpose of us contacting you in order to get your opinion about us, the legal basis for such processing is the consent you have provided for such further storing.] Additionally, in case of a potential legal claim related to the recruitment, we will process your data in order to meet such claim. The legal basis for such processing is that it's necessary for our legitimate interest of protecting ourselves from such claims.

We will delete your personal data 24 months after the position you have applied for is appointed, or, if a claim against the us is raised, the time necessary for the legal process. This is unless you are employed for the position or if laws or regulations obliges us to continue the processing.

Do you consent to Manor Farm processing your data

Please tick