

# Jacksons the Bakers Ltd

Pilsley Road, Danesmoor, Chesterfield. S45 9BU 01246 863027

**APPLICATION FOR EMPLOYMENT.**

**PRIVATE & CONFIDENTIAL**

Position applied for :

|  |   |
|--|---|
| Surname:   | Address:<br><br><br><br>Postcode:<br><br>Tel. No. (please include code):<br><br>E-mail address: |
| Forenames :  |   |
| NI No.   |   |
| Qualifications gained  |   |
| D.O.B  |   |
| <p><b>LEISURE</b><br/>Please note here your leisure interests, sports and hobbies, or other pastimes, etc.</p> | <p>Current driving licence? Yes/No</p> <p>Expiry Date:</p> <p>Details of any endorsements:</p>  |
| <p>Are there any restrictions on you taking up work in the UK?<br/>Yes/No (If yes please provide details)</p>  |   |

**EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

| Name & Address of employer | Job Title & Duties | Reason for leaving | Dates |
|----------------------------|--------------------|--------------------|-------|
|                            |                    |                    |       |
|                            |                    |                    |       |
|                            |                    |                    |       |

**REFERENCES** names and addresses of two persons from whom we may obtain both character and work experience references.

|           |           |
|-----------|-----------|
| <b>1.</b> | <b>2.</b> |
|-----------|-----------|

**OTHER EMPLOYMENT**

Please note any other employment you would continue with if you were to be successful in obtaining this position

**HEALTH DETAILS**

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Yes  No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please list all absences from work in the past 12 months and the reasons for such absences.

**DECLARATION (Please read this carefully before signing this application)**

I confirm that the above information is complete and correct and that any untrue or misleading information will give my Employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the Law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: \_\_\_\_\_ . Date: \_\_\_\_\_

Print name \_\_\_\_\_

Please return to: Personnel Department, Jacksons The Bakers Ltd, Pilsley Road, Danesmoor, Chesterfield. S45 9BU  
Email to: [enquiries@jacksonsthebakers.co.uk](mailto:enquiries@jacksonsthebakers.co.uk)