

ABOUT YOUR HEALTH

1. Have you ever suffered from food poisoning, dysentery, typhoid, paratyphoid, tuberculosis or parasitic infection?	If yes, please give dates & details.....
2. Have your close friends or relatives suffered from any of the above infections?	If yes, please give dates & details.....
3. Have you suffered from any of the following within the last 3 months: Diarrhoea or vomiting? Skin rash or recurring boils? Discharge from the ear? Septic finger?	Yes\No Date..... Yes\No Date..... Yes\No Date..... Yes\No Date.....
4. Are you H.I.V. antibody positive or suffer from AIDS?	Yes\No
5. Are you a diabetic?	Yes\No
6. Do you suffer from kidney or bladder disease?	Yes\No
7. Do you suffer from a liver complaint? eg. Hepatitis	Yes\No
8. Do you suffer from any of the following: • Any allergies Dermatitis Eczema Back pain Impaired hearing Asthma • Stomach complaints	Yes\No Yes\No Yes\No Yes\No Yes\No Yes\No Yes\No
• If the answer is Yes, please give details:	
DECLARATION: I declare that the above information is correct and complete and that I have no other defect, disorder or condition, mentally or physically, not already mentioned. I understand that if any of the information provided on this form is incorrect, or if there is any material omission, then my employment may be terminated forthwith.	
Signed: Date	



WATERFIELDS

Bakers of Quality

APPLICATION FOR EMPLOYMENT

Position applied for _____

Location _____ Full time / Part time (Delete as appropriate)

Miss/Mrs/Ms/Mr (Delete as appropriate) Surname _____

First Name(s) _____

Address _____

_____ Postcode _____

Tel. No. _____ How long at present address _____ Yrs _____ Mths

Marital Status _____

Please state hours available to work each day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you hold a current driving licence? _____ YES \ NO

Do you have daily use of a car? _____ YES \ NO

If No, how will you travel to work? _____

Have you previously been employed by the company? _____ YES \ NO

If Yes, state details: _____

Have you any relatives who work for the company? YES/NO (If yes, state who)

EDUCATION

School\College	From	To	Qualifications

EMPLOYMENT RECORD

Name & address of Employer	From	To

REFERENCES

Name two people who can support your application (all references are followed up by the company).

Name:	Name:
Address:	Address:

EXPERIENCE

What knowledge & skills would you bring to the company?

State details of any supervisory or management experience:

How do you think you could contribute to the success of the company?

Hobbies or interests:

When completed this form should be returned to the branch to which you are applying or to:

CROMPTON FOLD BAKERY, MANCHESTER ROAD,
LEIGH, LANCS. WN7 2LX.