

33 Perkins Road Rougham Industrial Estate Bury St Edmunds Suffolk IP30 9ND

Application can be handwritten or typed.

Application For Employment

Position applied for:								
	Personal Details							
Title:		First Name:		Surname:				
Address:								
Post Cod	le:							
Telepho	ne number:							
E-mail A								
National Insurance Number:								
Do you need a work permit to be employed in UK? (Yes/No)								
	You will be required to provide approp documents please visit www.ukba.hom			ew. For example	s of acceptable			
If yes, please give details below		elow			l			
Education								
Please start with the most recent								
School/College/University		sity	Date	(Qualification& Grade			

	Training and Development
	to give details of any training which is relevant to the post and supports your
application.	
	Employment History
Current or most recent emp	
Name of employer:	
Address:	
Position held:	
Date started:	
Leaving date:	

Reason for leaving:

Salary on leaving

Brief description of duties:

Previous Employment

Name & address of previous employer	Position held	Start date	Reason for leaving
. ,			

Continue on separate sheet if necessary.

General Comments
Please detail here your reasons for this application, the strengths you would bring to this post.
Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role.

References						
We will take up professional	references once you have b	peen interviewed and provisionally offered	the post.			
Deference 1						
Reference 1						
Name:						
Relationship to you:						
Address:						
Email:						
Telephone number:						
·						
Reference 2						
Name:						
Relationship to you:						
Address:						
Email:						
Telephone number:						
<u>'</u>						
Other Information						
	Driving	Licence				
Do you hold a full, clean driv	ving licence valid in the UK?		Yes / No			
If no, please give details below			,			
	Disab	ilities				
If selected for an interview						
If selected for an interview, do you require any special arrangements to be made?		Yes / No				
If yes, please give brief detail	ils below					
Criminal Convictions						
Do you have any (unspent) o	criminal convictions?	Yes / No				
		1637110				
If yes, please give details bel	low					

Declaration

Statement to be signed by the applicant.

- 1. 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. I agree that the organisation reserve the right to require me to undergo a medical examination. (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 contact your doctor. I agree that this information will be retained in my personnel file during employment and for up to 6 years thereafter and I 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.

After the closing date, we will review all applications and shortlist candidates to invite for an interview.

If you have not heard within 2 weeks of the closing date, please assume that you have not been successful.

Equality and Diversity Monitoring Form

Barenbrug UK Ltd wants to meet the aims and commitments set out in its equal opportunities policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide does not form part of our decision-making process.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Gende	er Male Female Prefer not to say									
Are you married or in a civil partnership?		Yes 🗌	No 🗆	Prefer	not to	say 🗆				
Age	16-24	25-29	30-34 60-64		35-39 65+		40-44 Prefer no	ot to say	45-49 / 🗆	
What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box										
White English □ Welsh □ Scottish □ Northern Irish □ Irish □ British □ Gypsy or Irish Traveller □ Prefer not to say □ Any other white background, please write in:										
Mixed/multiple ethnic groups White and Black Caribbean □ White and Black African □ White and Asian □ Prefer not to say □ Any other mixed background, please write in:										
Asian/Asian British Indian □ Pakistani □ Bangladeshi □ Chinese □ Prefer not to say □ Any other Asian background, please write in:										
African	☐ Ca	nean/ Black British nribbean nn/Caribbean backgr	Prefer no ound, plea							
Other ethnic group Arab										

Do you consider yourself to have a disability or health condition? Yes □ No □ Prefer not to say □						
What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:						
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.						
What is your sexual orientation?						
Heterosexual \square Gay woman/lesbian \square Gay man \square Bisexual \square						
Prefer not to say If other, please write in:						
What is your religion or belief?						
No religion or belief \square Buddhist \square Christian \square Hindu \square Jewish \square						
Muslim \square Sikh \square Prefer not to say \square If other religion or belief, please write in:						
What is your current working pattern?						
Full-time Part-time Prefer not to say						
What is your flexible working arrangement?						
None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐						
Annualised hours \square Job-share \square Flexible shifts \square Compressed hours \square						
Homeworking \square Prefer not to say \square If other, please write in:						
Do you have caring responsibilities? If yes, please tick all that apply						
None \square Primary carer of a child/children (under 18) \square						
Primary carer of disabled child/children \Box						
Primary carer of disabled adult (18 and over) \Box Primary carer of older person \Box						
Secondary carer (another person carries out the main caring role) $\ \Box$						
Prefer not to say						