## APPLICATION FOR EMPLOYMENT



Information you give will be treated as strictly confidential. Please complete your application form providing as much information as possible. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.

JOB ROLE APPLYING FOR:	
PERSONAL DETAILS	
SURNAME:	FORENAMES:
ADDRESS:	
	POSTCODE:
HOME TELEPHONE NUMBER (INC. AREA CODE):	MOBILE NUMBER:
Home recent none nomber (inc. mer cope).	mostic nomischi.
NATIONAL INSURANCE NUMBER:	EMAIL ADDRESS:
(Please note we require proof of your National Insurance Number prior to the commencement of employment)	
WHERE DID YOU HEAR ABOUT THIS VACANCY?:	
IF FROM A FRIEND, PLEASE GIVE YOUR FRIENDS NAME:	
II THOM ATHERD, TELASE GIVE TOOKT KIERDS WAME.	
GENERAL INFORMATION	
DO YOU HOLD A CURRENT UK DRIVING LICENCE?: YES NO	PLEASE PROVIDE DETAILS OF ANY ENDORSEMENTS ON YOUR LICENCE:
DO YOU REQUIRE A PERMIT TO WORK IN THE UK?:	
The Company will need to see evidence of entitlement to work before a job offer is made.	
	IF VEC MILENS
HAVE YOU WORKED FOR THIS COMPANY BEFORE?: YES NO	IF YES, WHEN?:
DO YOU SPEAK / WRITE IN ANY OTHER LANGUAGES	FLUENCY
LANGUAGE:	WRITTEN: SPOKEN:
LANGUAGE:	WRITTEN: SPOKEN:

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EMPLOYMENT HISTORY	
CURRENT OR MOST RECENT EMPLOYMENT POSITION:	
EMPLOYER'S NAME AND ADDRESS:	
	POSTCODE:
NATURE OF BUSINESS:	NO. OF EMPLOYEES:
EMPLOYMENT DATES TO: FROM:	POSITION HELD:
TASKS, DUTIES AND RESPONSIBILITIES:	
GROSS SALARY/WAGE:	REASON FOR LEAVING:
(Including Bonus and Allowances)	
EDUCATION AND QUALIFICATIONS	
PLEASE TELL US ABOUT YOUR EDUCATION AND ANY QUALIFICATIONS WHICH YOU	FEEL ARE RELEVANT TO THE POST:
CONVICTIONS	
DO YOU HAVE A CRIMINAL RECORD?:  Please declare any convictions that are not regarded as 'spent' under the Rehabilitat	ion of Offenders Order (1978)
Trease declare any convictions that are not regarded as spent under the nemasimal	ion of charles order (1770).
ADDITIONAL INFORMATION:	
HAVE YOU EVER, OR ARE YOU CURRENTLY, WORKING FOR A MEDIA ORGANISATION E.G. PRESS/TV/RADIO ETC?:  YES NO	HAVE YOU EVER OR ARE YOU CURRENTLY WORKING FOR AN ANIMAL WELFARE ORGANISATION E.G. ANIMAL AID?  YES NO
PLEASE STATE YOUR REASONS FOR APPLYING FOR THIS JOB TOGETHER WITH ANY	OTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION:
CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY. PLEASE DO NOT LEAVE THI	S SECTION BLANK!
DECLARATION	
I understand and accept that a candidate found to have given false information or to have wilfully suppressed any material fact will be liable to disqualification, or if employed, to dismissal. The particulars given by me are complete and correct to the best of my knowledge and belief.	
SIGNATURE:	DATE:
If returning this application form via email please type your name and date above to	agree with the declaration

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EQUAL OPPORTUNITIES	
The Company actively promotes Equal Opportunities in employment and has a statement of policy to this effect. We are committed to Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in respect of job applications and our employees in accordance with the Codes of Practice issues by the Equal Opportunities Policy in the Codes of Practice issues by the Equal Opportunities Policy in the Codes of Practice issues by the Equal Opportunities Policy in the Codes of Practice issues by the Equal Opportunities Policy in the Policy in t	
Please answer the following questions by ticking the appropriate boxes. We guarantee that the information you provide in this secti selection process.	on will not be used as part of the
WHITE (UK/IRISH) BLACK (UK) BLACK CARRIBEAN BLACK AFRICAN BLACK	OTHER ASIAN (UK)
PAKISTANI BANGLADESH INDIAN CHINESE OTHER	
IF OTHER PLEASE SPECIFIY:	
DATE OF BIRTH:	
To the best of my knowledge, all information contained in this form is accurate and complete. I understand that any attempt to falsi relevant facts may lead to my dismissal.	fy information or to deliberately omit
Certain information I have provided in this application form will be regarded as 'personal sensitive information' within the meaning I understand that by completing this form I give my consent to the above information being held and processed by Dunbia for the puwithin the group.	
SIGNED:	DATE:
CDDD	
GDPR	
Your personal data will be used to process your employment application. Successful candidate's data will be held under the company's G details of which will be made available upon the offer of employment. Candidate's data will be held of a period of 6 months where upon	
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COMPLETED APPLICATION FORMS TO BE RETURNED OR EMAILED TO
The Human Resources Department, Dunbia, Castil Laithe Abattoir, Sawley, Clitheroe, BB7 4LH
SawleyHR@dunbia.com

