



VALLEY GROWN NURSERIES

PAYNES LANE
NAZEING
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EN9 2EX

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JOB APPLICATION FORM

FULL NAME: _____

VACANCY: _____

DATE OF APPLICATION: _____

For office use only:

Start Date:		Shoe Size	
Nomad:		Polo shirt size	
Locker Key No:		Waist size	

IMPORTANT NOTES:

1. All wages run from Monday to Sunday. Payment for the week is made the following Thursday.
2. Proper written notice must be given if leaving.

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APPLICATION OF POSITION - Please complete all sections

Name: Title: _____ First name: _____ Surname: _____

Address: _____

_____ Post Code: _____

Tel. No: (Home) _____ (Mobile) _____

E-Mail Address: _____ Date of Birth: ____ / ____ / ____

Marital Status: _____ Nationality: _____

Date when available to commence work: ____ / ____ / ____ or ASAP

Do you have a P45: Yes / No National Insurance No: ____ / ____ / ____ / ____ / ____

Have you, in the last 5 years, completed a First Aid training course in the UK? Yes / No

Do you have a license to drive a Fork Lift Truck from a training course in the UK? Yes / No

If YES, please supply original at interview

Do you have any previous experience in the fresh produce industry? (If yes, give details)

Emergency Contact / Next of Kin details: **(please ensure you complete)**

Contact Name: _____ Tel: _____

Relationship: _____

Name and address of your GP: _____

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PRESENT OR MOST RECENT EMPLOYMENT

Job Title: _____ Date Started: _____

Employer: _____ Date Left: _____

Address: _____ Reason for leaving: _____

_____ Present Salary: _____

Postcode: _____ Notice Period: _____

Brief description of duties: _____

Primary reference contact name: _____

Primary reference contact numbers: _____

Previous Employment or Education

Name of Company and Type of Business	<u>Dates</u> From: To:	Position Held/General Duties	<u>Salary</u> Start: Finish:	Reason for Leaving

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Medical Questionnaire

1. Occupational Risks

The tasks we carry out on site have been thoroughly assessed and the following questions are a result of the findings within our risk assessments. Areas of the company are temperature controlled, we restrict where possible the number of people working in these areas.

We operate a strong hygiene program on site and it is imperative that you declare when they have any period of sickness.

It is not possible to predict who may be affected, so everyone must consider himself or herself at risk and take precautions. We operate the appropriate Person Protective Equipment (PPE) and controlled working in these areas. This could take the form of coveralls, hairnet, gloves which will be provided for you but you are fully expected to comply when shown how to wear/use this type of equipment.

At certain times of the year we have pollinating insects on site, this is particularly important if you have a known allergy to any type of insect. Please indicate below if you have any known allergies or any members of your family have issues.

<p>Do you suffer from or have you ever suffered from any allergies to <u>plants</u> or <u>insects/Bees's</u>?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you colour blind?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you suffer from or have you ever suffered from any respiratory problems?</p> <p>Hay fever Asthma Bronchitis Chest Infections</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever suffered from seizures?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you or have your ever suffered from any skin diseases; Dermatitis Eczema Psoriasis</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

We limit how much individuals should lift/move and that bulk handling is done with pallet trucks and FLT's but the work we carry out on site is of a manual nature with long periods of standing, twisting, and lifting.

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<p>Do you have any pre-existing problems with your neck, back, shoulder's arms, wrists or feet?</p> <p>If Yes please give details of any medication you may have been prescribed and outline the condition.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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The areas, which you would be required to work in, are temperature controlled with ambient temperatures varying from **15*c to 25*c**. This will **not** change regardless of the outside temperature.

<p>Are you able to work in these conditions safely?</p> <p><i>If NO why?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you or have your any circulatory conditions such as Angina, Raynaud's Disease or had issues with your heart?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you currently taking any prescribed medication?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you suffer from: Diabetes? Or Thyroid Problems?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you suffer from arthritis?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you have any health conditions that you thing may affect yours or the safety of others in the workplace?</p> <p><i>If Yes please give details of any medication you may have been prescribed and outline the condition</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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Are you currently under the care of a doctor, consultant or another medical professional?

Yes

No

If Yes please give details of any medication you may have been prescribed and outline the condition

The importance of disclosing any medical conditions prior to employment is paramount to ensure the safety of yourself and others around you.

Information for Applicants;

The information provided on this form will be used to;

- (i) Assess your medical capability to do the job for which you have been employed.
- (ii) To determine whether any reasonable adjustments may be required to accommodate any disability/impairment you might have.
- (iii) To ensure that none of the requirements of the job for which you have applied for would adversely affect any pre-existing conditions you may have.

Declaration

I, declare that the information I have given on this form is, to the best of my knowledge, true and complete.

I understand that if it is subsequently discovered any information is false or misleading, or that I have withheld relevant information, my application be disqualified or I may be dismissed due to the nature of the risk we have identified in the workplace.

I hereby give my consent to the Company processing the data supplied on the application from for the purpose of recruitment and selection. However, should the need arise I also give consent to contact my GP if the information on this form requires further explanation. This also covered the need to maintain computer and paper records of my personal data which we process and store in accordance with the Data Protection Act 1998.

Print; Signed;

Date;

BY FILLING IN THIS APPLICATION IS DOES NOT MEAN YOU HAVE A JOB!

A member of the VGN team will contact you if you have been SUCCESSFUL

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