



Arthur Mallon Foods
 Hilden
 Monaghan
 Co. Monaghan

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Application Form

| | | | |
|---------------------|--|-----------------|--|
| Vacancy Ref: | | Vacancy: | |
|---------------------|--|-----------------|--|

| PERSONAL DETAILS: | |
|--|--|
| Full Name: | |
| Address: | |
| Email Address: | |
| Telephone No: | |
| Date of Birth: | |
| Nationality: | |
| Shoe Size: | |
| Citizen of Ireland | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, do you require a work permit/visa | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you know anybody employed by the company? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give their name | |

| PRESENT/PREVIOUS EMPLOYMENT | |
|-----------------------------|--|
| Employer Name: | |
| Address: | |
| Job Title: | |
| Dates employed: | From: / / To: / / |
| Salary: | |
| Reason for leaving: | |

| | |
|----------------------------|--|
| Employer Name: | |
| Address: | |
| Job Title: | |
| Dates employed: | From: / / To: / / |
| Salary: | |
| Reason for leaving: | |

| EMPLOYMENT Continued | |
|----------------------------|--|
| Employer Name: | |
| Address: | |
| Job Title: | |
| Dates employed: | From: / / To: / / |
| Salary: | |
| Reason for leaving: | |
| | |
| Employer Name: | |
| Address: | |
| Job Title: | |
| Dates employed: | From: / / To: / / |
| Salary: | |
| Reason for leaving: | |

| General Education/Training | |
|---|--|
| Please list dates, locations & any awards, or qualifications you have received: | |
| How many days were you absent in the last two years, in your previous employment? | |
| English Language Proficiency Level | |
| Spoken English: | Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> |
| Written English: | Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> |

PRE-EMPLOYMENT QUESTIONNAIRE

Do you have any illnesses or disabilities that you feel should be brought to our attention? This is particularly important where you have a qualifying disability, under the Disability Act 2005, as it will enable us to identify what, if any “reasonable adjustments” can be made.

Yes No

If yes, please specify:

Do you have any allergies i.e. medicine, food etc?

Yes No

If yes, please specify:

Have you ever suffered from any back injuries?

Yes No

If yes, please specify:

Have you ever suffered from any muscular injuries?

Yes No

If yes, please specify:

Have you ever suffered from any tendon injuries?

Yes No

If yes, please specify:

Have you currently or previously submitted a claim for injury?

If yes, please specify:

Please provide two references who know you in a profession capacity, including your present & previous employers:

Reference 1:

| | |
|--|--|
| Referee Name: | |
| Position in Company: | |
| Company Name: | |
| Address: | |
| Telephone Number: | |
| Email Address: | |
| Your job title within this Company: | |
| Employment Start Date: | |
| Employment End Date: | |
| Reason for Leaving: | |

Reference 2:

| | |
|--|--|
| Referee Name: | |
| Position in Company: | |
| Company Name: | |
| Address: | |
| Telephone Number: | |
| Email Address: | |
| Your job title within this Company: | |
| Employment Start Date: | |
| Employment End Date: | |
| Reason for Leaving: | |

| Criminal History | |
|---|--|
| Do you have any relevant criminal conviction? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details: | |

| Data Protection |
|---|
| The information given in this form will remain private and confidential and will be used for the purpose of recruitment and selection. Personal data will be held in relation to successful applicants for administration purposes. Processing will take place in accordance with the provisions of the Data Protection Act. In signing this form below, you are giving your consent for this information to be processed. Information relating to unsuccessful applicants will be destroyed as soon as possible, and no later than six months from the date of each appointment. |

| Declaration |
|--|
| I hereby declare that the information given in this application is, to the best of my knowledge, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability. |
| I understand that failure to complete any part of the application procedure, including all forms, may disqualify me from further consideration for the position. |
| I consent to personal data being processed as stated above. |

A CV must be submitted with this application form before you will be considered for an interview.

Signed:

Date:

| For Office Purpose Only | |
|-----------------------------------|--|
| Received by: | |
| Date: | |
| CV attached: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To be considered for an interview | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional Comments: | |