

CM Agriculture Application Form

YOU WILL NEED TO SUPPLY YOUR BANK DETAILS, PROOF OF ELIGIBILITY TO WORK IN THE UK AND REFERENCE DETAILS WHEN YOU REGISTER

FIRST NAME(S)		SURNAME		
TITLE MR/MRS/MISS/OTHER	SEX (OPTIONAL TO REPLY) MALE/FEMALE	PREVIOUS NAMES (IF APPLICABLE)		
KNOWN AS (FAMILIAR NAME) NICKNAME	CONTACT NUMBER (PREFERRABLY MOBILE)			
EMAIL ADDRESS (ESSENTIAL) I UNDERSTAND THAT MY PAYSリップ WILL BE SENT TO ME ELECTRONICALLY AS AN E-PAYSリップ TO THE EMAIL ADDRESS I HAVE PROVIDED HERE. (CM CAN HELP YOU SET UP AN EMAIL ADDRESS AND PROVIDE INTERNET ACCESS FREE OF CHARGE FOR THIS PURPOSE)		EMAIL ADDRESS		
CURRENT ADDRESS				

_____ POST CODE _____				
PREVIOUS ADDRESSES IN LAST 5 YEARS				

AGE	DATE OF BIRTH	NATIONAL INSURANCE NUMBER		
WHAT NATIONALITY ARE YOU?		TOWN OF BIRTH		
DO ANY OF YOUR BELIEFS RESTRICT YOU FROM WORKING IN ANY PARTICULAR JOB OR WORKING ENVIRONMENT? IF YES PLEASE GIVE DETAILS			YES / NO	
WOULD YOU BE PREPARED TO TAKE A DRUG OR ALCOHOL TEST? (THIS IS A REQUIREMENT OF SOME OF OUR CUSTOMERS)			YES / NO	
WOULD YOU BE PREPARED TO PARTICIPATE IN RANDOM SEARCHES AT THE CLIENT PREMISES BEFORE/AFTER OR DURING YOUR ASSIGNMENT (THIS IS A REQUIREMENT OF SOME OF OUR CUSTOMERS)			YES / NO	
I AUTHORISE CM TO SHARE MY PERSONAL DATA FOR THE PURPOSE OF WORK FINDING ACTIVITIES			YES / NO	
CM MAY ALSO SHARE THIS DATA WITH CAREFULLY SELECTED THIRD PARTIES.			YES / NO	
WHERE DID YOU HEAR ABOUT CM AGRICULTURE?				
DO YOU KNOW ANYONE EMPLOYED BY THE GROUP?				
DO YOU HAVE ANY AVIAN PETS AT HOME?				
WHY DID YOU LEAVE YOUR LAST EMPLOYMENT?				
PERSONAL DETAILS				
DO YOU HAVE YOUR OWN TRANSPORT TO GET TO WORK?	YES / NO			
DO YOU HAVE A FORK LIFT TRUCK LICENCE? IF YES, WHICH TYPE OF FLT TRUCK?	YES / NO			
DO YOU HAVE A POULTRY PASSPORT?	YES / NO			
PREVIOUS WORK EXPERIENCE (5 YEARS REQUIRED)				
COMPANY NAME & ADDRESS	WHAT DID YOU DO THERE?	FROM/TO	REASON FOR LEAVING	SALARY

REFERENCE REQUEST DETAILS - PLEASE SUPPLY DETAILS OF AT LEAST TWO CONTACTS FOR A REFERENCE. IF YOU CANNOT SUPPLY TWO WORKING REFERENCES MUST COVER THE 5 YEARS PREVIOUS EMPLOYMENT HISTORY

CONTACT NAME	COMPANY NAME & ADDRESS	PHONE NUMBER	EMAIL ADDRESS	THIS PERSON KNOWS YOU FROM/TO DATES

HEALTH ASSESSMENT

IF 'YES', PLEASE GIVE DETAILS (IN FRONT):

Do you have any health related conditions that will require reasonable adjustments to be made to the selection process?	YES / NO	
UK and EC legislation puts the onus on employers to satisfy themselves that no food handler poses a hygiene risk to the product. Please answer the following questions if you will be working with food.		
At present, or in the last seven days, are you suffering from diarrhoea and/ or vomiting?	YES / NO	
At present, or in the last seven days, are you suffering from stomach pain, nausea or fever?	YES / NO	
At present, are you suffering from skin infections of the hands, arms or face e.g. boils, styes, septic fingers or discharge from eye / ear / gums / mouth?	YES / NO	
At present, are you suffering from jaundice?	YES / NO	
Do you suffer from recurring infections of the skin, ear or throat?	YES / NO	
Have you ever had typhoid or paratyphoid fever or are you now known to be a carrier of Salmonella Typhi or Paratyphi?	YES / NO	
Are you a carrier of any type of Salmonella?	YES / NO	
In the last 21 days have you had contact with anyone, at home or abroad, who may have been a carrier of any type of salmonella?	YES / NO	
Have you been overseas in the last 6 weeks:	(IF YES, GIVE DETAILS OF WHICH COUNTRIES)	YES / NO

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT: _____ CONTACT NUMBER: _____ RELATIONSHIP TO YOU: _____

DOCTORS NAME _____ CONTACT NUMBER _____

ADDRESS _____

CANDIDATE'S DECLARATION: I hereby confirm that the information given is true and correct. I consent to my personal data being forwarded to clients. I consent to references being obtained and also for references being passed on to potential employers. If during the course of an assignment, the client wishes to employ me directly, I acknowledge that CM Agriculture Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension to the hiring period (after which I may be employed by the client without further charge being applicable to the client).

Signed by Candidate: _____ Print Name: _____ Date: _____

FOR INTERVIEWER COMPLETION ONLY		YES/NO	INTERVIEWER NAME:
Original, in date ID shown, in person that allows applicant to work in UK – photocopy taken, signed and dated by interviewer			ID does not appear forged nor tampered with
Photograph, name and birth date consistent across ad ID			Photograph and birth date match applicant's appearance
Hygiene and appearance acceptable?			CM & Client tests completed to a satisfactory standard?
Written English Language ability (circle one)	None/Basic/Good/Fluent		Spoken English Language ability (circle one) None / Basic / Good / Fluent
Application Form checked and completed fully			I have provided information about CM including access to all back up information, as well as new candidate recruitment briefing on ppt
Any other comments?			