**MACKLE PETFOODS**

**(A Division of John Mackle (Moy) Ltd)**

**Monitoring Ref: Moy/**

John Mackle (Moy) Ltd is committed to ensuring that your privacy is protected. Please visit our website [www.macklepetfoods.com/66/data-privacy-notice-for-job-applicants](http://www.macklepetfoods.com/66/data-privacy-notice-for-job-applicants) to view our applicant’s policy.

**Guidance Notes for completing your application form**

1. Please complete all sections of this application form.
2. The information on this form will be used to decide who should be shortlisted for interview. It is therefore in your interest to fill it in carefully and completely. Continuation sheets may be added if necessary.
3. We reserve the right to apply additional criteria if necessary as part of the shortlisting process.
4. When the form is fully complete, please email to or alternatively post to the address below.
5. Do not substitute a CV for this application form, as they will not be considered.
6. We regret that due to anticipated high demand we will only be able to contact shortlisted candidates.

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| Please send applications to**Human Resources****John Mackle (Moy) Ltd****40 Corrigan Hill Road****Moy, Dungannon****Co. Tyrone****BT71 6SL**Mackle Petfoods is an Equal Opportunities Employer |

**APPLICATION FORM – PRODUCTION OPERATIVE**

**1. POSITION APPLIED FOR:**

**2. HOW DID YOU HEAR ABOUT THIS POSITION:**

**3. PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname: | Telephone number: |
| Forenames:  | National Insurance No:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 |
| Title: | Email Address: |
| Address & Postcode: |

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| --- | --- | --- |
| **Do you have the right to work in the UK?**Note: the company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996 | **Yes** | **No** |

Have you ever been convicted of a criminal offence (other than a spent conviction under the terms of the Rehabilitation of Offenders Act 1974)?  **YES/NO**

**4. EDUCATION**

|  |  |
| --- | --- |
|  **E**Place of study | Summary of qualifications gained |
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|  |  |

**5. EMPLOYMENT RECORD**

Please give details of your employment history in reverse chronological order for up to 10 years only. Indicate any career breaks and the reasons for them. Use additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer and Nature of Business:** | **From:** **To:** | **Job Title:****Job Function/ Responsibilities:** | **Final Salary and Reason for Leaving** |
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**6. ESSENTIAL CRITERIA**

Taking each of the essential criteria listed below, please demonstrate, using examples, of how you meet the criteria. Use additional sheets if necessary

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| **Criteria 1: Good communication skills, good level of English (reading, writing and speaking)** |
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| **Criteria 2: Flexible attitude to shift working** |
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**7. ABSENCES**

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| **Please list all absences from work in the last 12 months and the reasons for such absences** |
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**8. MEDICAL HISTORY**

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| **Please give details of any illness, operation or accident resulting in lengthy absence from work** |
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**9. DISABILITY DISCRIMINATION ACT 1995**

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| If you require any special arrangements to be made to assist you if called for interview, please let us know in advance of the interview. |

**10. REFEREES**

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

|  |  |
| --- | --- |
| Name: | Name: |
| Company and Position: | Company and Position: |
| Address:Telephone No.: | Address:Telephone No.: |
| Nature of Relationship: | Nature of Relationship: |

**11. VERIFICATION OF INFORMATION**

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| --- |
| I certify that all information which I have provided is correct and that I have personally completed this form. I understand that any false information given may result in a job offer being withdrawn.Signature: Date: |

**Please return the separate monitoring form enclosed or the application will be invalid.**