



Wester Ross Fisheries Ltd

Ardmair, Ullapool, Wester Ross IV26 2TN, Scotland

APPLICATION FOR EMPLOYMENT

PERSONAL

Please print clearly

Surname		Forenames		Marital Status	
Telephone Nos:	Home address:				
Home/Mobile	Postcode:				
Work	Are you legally eligible for employment in UK?			YES	NO
Email address:					
Do you have any physical conditions which could limit your ability to perform the particular job for which you are applying?					
If so, please describe how you would be able to perform the job in spite of it?					
Do you have a current driving licence? YES/NO Is it clean? YES\NO If no, give details:					
Do you own a vehicle? YES/NO					
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES/NO					

POSITION APPLIED FOR

Position applied for:
Pay expected £ per
Would you work full time YES/NO Part time, state days/hours
If offered this position, will you continue to work in any other capacity?
Have you previously worked for us? YES/NO If yes when?
On what date would you be available for work?

PRIOR EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT					
Employer Name/Address	From	To	Starting Salary	Leaving Salary	Name of Supervisor
			£ per	£ per	
	Job Title				
	Describe the work you did				
Telephone	Reason for leaving				
Type of business					
Employer Name/Address	From	To	Starting Salary	Leaving Salary	Name of Supervisor
			£ per	£ per	
	Job Title				
	Describe the work you did				
Telephone	Reason for leaving				
Type of business					
Employer Name/Address	From	To	Starting Salary	Leaving Salary	Name of Supervisor
			£ per	£ per	
	Job Title				
	Describe the work you did				
Telephone	Reason for leaving				
Type of business					

If deemed necessary, I hereby give permission to contact the employers listed above concerning my prior work history:

Signed

If there is a particular employer(s) that you do not wish us to contact, please indicate which one(s):

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EDUCATION

Schools	From	To	Examinations and Results
College/University/Further Education	From	To	Courses and Results

Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this job.

PERSONAL REFERENCES

Please give details of two people (not relatives or former employers) whom we could approach for references.

Name Name

Occupation Occupation

Address Address

.....

.....

Telephone Telephone

The facts set forth in this application for employment are, to the best of my knowledge, true and complete

Date Signature

CONFIDENTIAL: MEDICAL QUESTIONNAIRE

Surname: _____
Forenames: _____

	Have you ever	No	Yes	Please give details
1	Had an operation			
2	Been seriously injured			
3	Received in-patient treatment for a physical condition			
4	Received in or out-patient treatment for a mental health condition			
5	Been refused or dismissed from employment for health reasons			
6	Been registered disabled			
7	Been made ill by your work			
8	Suffered from any chronic stomach disorders			
9	Had any musculo-skeletal injuries such as Repetitive Strain Injury (R.S.I)			

Do you:

	No	Yes		No	Yes
Take medicine regularly			Suffer from any other ailments or disorders		
Need glasses or contact lens					

To the best of my knowledge and belief the information given above is correct.

I understand that if I am appointed and if the information I have provided is incorrect, I will be liable to dismissal under gross misconduct.

This information may be sent to the Group Medical Officer. Upon recommendation you may be required to attend a medical examination.

Signature:- _____ Date:- _____