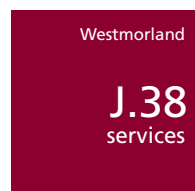


job application form

we are a small family business • home grown • down to earth • farmers • in love with Cumbria • protective of our environment • keen to promote local talent • proud of our homemade food • passionate about quality • honest • approachable • individual • loyal to our customers • always striving to be the very best in everything we undertake we offer competitive rates of pay • free meals • free transport from certain areas • flexible hours • free uniform • retail discounts • career opportunities • training and development

Westmorland
Limited



Please complete all sections of this application form

personal details

| | | | |
|-----------------------------|----------------|--------------------------|--------------------------|
| Title | Full Forenames | Surname | |
| Permanent Address | | Home phone | |
| | | Mobile phone | |
| Postcode | | Email | |
| Temporary (Student) Address | | | |
| | | Male | Female |
| Postcode | | <input type="checkbox"/> | <input type="checkbox"/> |

work patterns

Post applied for _____

Which location are you interested in working at
 Rheged? Tebay? either?

Are you interested in
 Full time Part time Temporary

How many hours do you wish to work? _____

Most positions require weekend work on rotation - can you work weekends? Yes No

Do you require our free transport? (certain areas only) Yes No

Are you a student? Yes No Are you over 16? Yes No

Have you worked for us before, if so when? _____

Would this be your only job? Yes No

Other areas you may be interested in:

| | | | |
|---|-------------------------------------|-----------------------------------|--------------------------------------|
| Café <input type="checkbox"/> | Cooking <input type="checkbox"/> | Retail <input type="checkbox"/> | Hotel <input type="checkbox"/> |
| Office <input type="checkbox"/> | Forecourt* <input type="checkbox"/> | Cleaning <input type="checkbox"/> | Nightshift* <input type="checkbox"/> |
| Reception/Front of House <input type="checkbox"/> | Other <input type="checkbox"/> | If other, please state _____ | |

*Please note that you must be over 18 for nightshift and forecourt positions.

education

Secondary

| From | To | School | Subjects | Grades |
|---------|---------|--------|----------|--------|
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |

Higher/Further

| From | To | College/University | Subjects | Grades |
|---------|---------|--------------------|----------|--------|
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |
| M M Y Y | M M Y Y | | | |

employment history

Employment and Work Experience (most recent first)

| From | | | | To | | | | Name and Address of Employer | Job Title | Reason for leaving | Rate of pay |
|------|---|---|---|----|---|---|---|------------------------------|-----------|--------------------|-------------|
| M | M | Y | Y | M | M | Y | Y | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

medical questionnaire

This information is required for your employment safety. If you suffer from any of the below, it will not necessarily affect your employment but we may require a medical examination.

State of health: Excellent Good Satisfactory Poor

Do you, or have you suffered from any of the following?

| | | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| Asthma/respiratory disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Back trouble | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart complaints | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Arthritis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Allergies including skin allergies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nervous/mental illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Eyesight problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Blackouts/dizziness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hearing problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headaches | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any other health problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you have any permanent disabilities?

How many days off sick have you taken in the last 12 months?

legal

If yes, please provide further details

| | | | |
|--|------------------------------|-----------------------------|-------|
| Have you ever received a caution? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| Have you been convicted of any criminal offences which are not yet 'spent' under the Rehabilitation of Offenders Act 1974? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| Ex offenders will be considered for employment on an individual basis. | | | |
| Are you facing any criminal prosecutions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| Do you need a permit to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| If yes, do you have a valid work permit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |

please turn over to complete details about your permit

legal continued

Work permit information, if applicable

Permit issue date: Expiry date: Type of permit: _____

If required, are you able to produce a document (National Insurance Number, Passport or Home Office letter), to confirm your entitlement to work in the UK? Yes No _____

Appointment may be subject to the production of this document.

additional comments

Please provide a statement in support of your application using the space provided. (Continue on a separate sheet if necessary)

references

Please give the name, address and phone number of 2 referees. These should be your current or most recent employers and if not, academic. All job offers are subject to satisfactory references.

| Name | Telephone | Address | Capacity in which known |
|-------------|-----------|---------|-------------------------|
| 1ST REFEREE | | | |
| | | | |
| 2ND REFEREE | | | |
| | | | |

Are we able to contact your referees prior to an offer of employment?


How did you hear about us? Newspapers Job Centre Website If other, please state _____

Were you recommended by a current employee? Yes No If yes, who? _____

declaration

By signing this application form I consent to information being processed and stored in both computerised and manual form in accordance with Data Protections. I can confirm the information provided is accurate and complete. I acknowledge that any false statement or omissions may disqualify me from taking up employment or render me liable to dismissal.

Signed _____ Date _____

 Westmorland Limited is an equal opportunities employer.

Completed forms should be sent to H.R. Department
Westmorland Ltd FREEPOST Orton Penrith Cumbria CA10 3ZA Telephone: 015397 11334