



VALLEY GROWN SALADS

NAZELOW NURSERY
SEDGE GREEN ROAD
ROYDON
ESSEX
CM19 5JS

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JOB APPLICATION FORM

FULL NAME: _____

VACANCY: _____

DATE OF APPLICATION: _____

FOR OFFICIAL USE ONLY

Shoe Size: _____

Employee Number: _____

Clocking Card Number: _____

Locker Number: _____

VALLEY GROWN SALADS
CONFIDENTIAL HEALTH QUESTIONNAIRE

(please write in **only** BLOCK CAPITALS)

Full Name: _____

Date Of Birth: _____ **Telephone:** _____

Name, Address & Telephone of GP (doctor):

Have you ever suffered from any of the following? (delete as appropriate)

- 1: ANY SKIN DISEASES ~~~~~ YES / NO
- 2: DISCHARGE OR INFECTION OF THE EARS OR ANY HEARING DIFFICULTY ~~~~~ YES / NO
- 3: ASTHMA OR HAY FEVER (Of sufficient severity to require time off work) ~~~~~ YES / NO
- 4: ANY ALLERGIES (Including sensitivity to antibiotics or other drugs) PLEASE LIST ON BACK ~~~~~ YES / NO
- 5: RECURRENT SORE THROATS OR SINUSITIS ~~~~~ YES / NO
- 6: BRONCHITIS OR PHEUMONIA ~~~~~ YES / NO
- 7: TUBERCULOSIS ~~~~~ YES / NO
- 8: HEART DISEASE, CARDIAC PROBLEMS OR HIGH BLOOD PRESSURE ~~~~~ YES / NO
- 9: HEADACHE OR MIGRAINE (Requiring time off work) ~~~~~ YES / NO
- 10: FITS, BLACKOUTS OR EPILEPSY ~~~~~ YES / NO
- 11: DEPRESSION, NERVOUS BREAKDOWN OR MENTAL ILLNESS PSYCHIATRIC
TEATMENT INCLUDING ANOREXIA ~~~~~ YES / NO
- 12: BACKACHE OR SCIATICA (Requiring time off work) ~~~~~ YES / NO
- 13: RUPTURE, VARICOSE VEINS OR FOOT AILMENTS ~~~~~ YES / NO
- 14: INDIGESTION OR STOMACH PAIN (Requiring time off work) ~~~~~ YES / NO
- 15: KIDNEY OR BLADDER INFECTION ~~~~~ YES / NO
- 16: EYE DISEASE, INJURY OR VISION DIFFICULTY (Not corrected by spectacles) ~~~~~ YES / NO
- 17: DIABETES ~~~~~ YES / NO
- 18: SERIOUS INJURY OR OPERATIONS (If yes give details on back of sheet) ~~~~~ YES / NO
- 19: DO YOU SUFFER FROM ANY DEFECT OR DISABILITY NOT MENTIONED ABOVE
(If yes give details on back of sheet) ~~~~~ YES / NO
- 20: ARE YOU REGULARY RECIEVING INJECTIONS, PILLS, TABLETS OR MEDICINES
FROM A DOCTOR (Other than contraception) ~~~~~ YES / NO
- 21: HAVE YOU SPENT LONGER THAN 24 HOURS IN HOSPITAL IN THE LAST 2 YEARS? (If yes please
give details on back of sheet) ~~~~~ YES / NO

I understand and acknowledge that should I knowingly make a false statement regarding my medical history either in answering the above questions or to any medical examiner, or should I conceal willfully any material fact, I will be liable to have my contract terminated immediately.

I also consent to my general practitioner supplying relevant information to my employer.

Signed _____

Date _____

VALLEY GROWN SALADS
APPLICATION OF POSITION

JOB VACANCY _____

Name: Title: _____ Surname: _____ First Names: _____

Address: _____

_____ Post Code: _____

Tel. No: (Home) _____ (Mobile) _____

E-Mail Address: _____ Date of Birth ____ / ____ / ____

Marital Status: _____ Nationality _____

Previous employer _____

Reason for departure _____

Contact Name & Tel No (for reference) _____

Date when available to commence: ____ / ____ / ____ or ASAP

Do you have a P45: Yes / No National Insurance No: ____ / ____ / ____ / ____

Any previous experience in the fresh produce industry? (If yes, give details)

(Only complete this section if application is for HGV vacancy)

Class of license held ____ When license acquired ____ / ____ / ____

Any penalty points (give details) _____

(Only complete this section if application is for Fork Lift Driver vacancy)

Type of license held _____ When license acquired ____ / ____ / ____

Authority to approach doctor or referee:

You are hereby authorised to contact my doctor and/or my past employers to obtain such information as is deemed necessary to further this application for employment.

Copies of this form and/or the medical questionnaire may be forwarded

Signed _____

If unsuccessful do you wish to go on stand-by list?

Yes / No

VALLEY GROWN SALADS **FOR OFFICE USE ONLY**

FOR OFFICE USE ONLY:

Employment start date: _____

Rate of Pay: _____

Clock Card Number: _____

Does employee have a P45? (If yes, date when P45 will be available for us?)

Bank Details:

All wages/salaries will be paid directly into bank accounts:

Account Name: _____

Bank Name: _____

Sort Code: _____

Account Number: _____

Emergency Contact details:

Contact Name: _____ Tel: _____

Relationship: _____

Other Details:

Shoe size: _____

Employee Number: _____

Clocking card number: _____

Locker Number: _____ £10 deposit/deduction YES / NO

IMPORTANT NOTES TO MENTION:

1. Wages take 3 working days to clear to their bank accounts.
2. Explain that all wages/salaries run from Monday to Sunday, and that the week is paid the following Thursday. However the wages actually reach their bank account on the Monday.
3. Proper written notice must be given if leaving job otherwise the employee forfeit ONE weeks money.

