

Ashbourne Meat Processors

Castleholding, Roscrea, Co. Tipperary

0505 21411

Personal History

First Names: _____ Surname: _____

Date of Birth: _____ Place of Birth: _____

Country of Birth: _____ Weight: _____

Phone No.: _____ Height: _____

No of children: _____ Mothers maiden name: _____

Please tick the relevant box: Single Married Separated Divorced

Educational Background

_____	_____	_____
_____	_____	_____
_____	_____	_____

Examination – Subjects – Results

Details of any education or training courses attended, skills acquired, whether full or part time.

Previous Employment to Date

Employer Name & Address **Type of Business** **Position** **Wage**

Please supply name & address of two people from whom references may be sought:

Please state all languages spoken.

Please write a brief account of yourself mentioning any points of interest such as reference to specialised areas. Indicate also hobby and leisure interests.

Are you or have you been a member of any trade union or professional association? If yes, please give details:

Have you ever been convicted of a criminal offence?

**Do you know anyone who has worked or is currently working for Ashbourne Meats?
If yes, please state relationship**

Health and Medical

Have you ever suffered from any serious illness or disease? If yes, please give details:

Please indicate if you have suffered from any of the following:

Asthma	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Rashes	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Joint Pain	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>
Eye infections	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	Fits	<input type="checkbox"/>	Nervous Disability	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Para-Typhoid	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>
Pleurisy	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	Repeated Sore Throats	<input type="checkbox"/>	Repeated Cold & Flu	<input type="checkbox"/>

Sight: **Eye Glasses** Yes No
 Contact Lenses Yes No

Hearing: _____

Have you had any operations? Yes No

If yes, please give details: _____

Are you taking any pills, drugs, medicines at present? Yes No

If yes, please give details: _____

Last medical exam: _____

Last Chest X-ray: _____

Declaration:

I declare that all the information contained here is true and accurate and understand that misleading statements may be sufficient grounds for cancelling any agreements made or may lead to dismissal. I also understand that questions left unanswered may be discussed at interviews arising from this application.

Prior to starting work as Ashbourne Meats please be aware of the Key policies in place for all employees. Notably the Bullying & Harassment policy, the Grievance policy, the Disciplinary policy and all the Food Hygiene policies together with our Health & Safety Statement. Please find details of this on the company notice board or please ask your Manager/Supervisor if you are unsure of any details prior to commencement of work.

Understanding all of this will lead to a better work environment

Signed: _____

Address: _____

Date _____