

Unfortunately we do not have any vacancies at the moment.

However, if you would like to register your interest in any forthcoming opportunities please write with your CV & a completed Application Form (enc.) to:

The HR Manager
Total Food Service Solutions Limited
Pendle Trading Estate
Chatburn
Clitheroe
Lancs
BB7 4JY
(For Vacancies at both depots)

Thank you for your interest in the company.

TotalFoodservice Solutions Limited

Application for Employment

The Employer is an Equal Opportunity Employer, which makes employment decisions regarding prospective qualified employees without regard to race, colour, sex, religion, national origin, age, disability, marital status or sex change status or any other factor protected by law.

PLEASE PRINT AND ANSWER ALL QUESTIONS

Position applied for: _____ **DATE:** _____

Where did you hear about this vacancy? _____

PERSONAL DATA

Surname First names

Address Telephone number

Do you require a work permit to take up employment in the U.K.? Yes No

Nationality: _____ Place of birth: _____

Passport number: _____ NI number (if known): _____

Give details of professional, trade, business or civic activities and offices held (including any professional qualifications).
Describe any specialised training, skills, or experience which you believe are relevant to the job you are applying for:
I confirm that the information given in this application is correct
Signature of Applicant Date

EDUCATION AND TRAINING:

Name & location of education establishment	Course of study/ qualifications	Date: from	Date: to	Qualifications earned (results)

UPON COMPLETION PLEASE ENSURE THIS FORM IS COPIED TO THE HR DEPARTMENT TO BE ADDED TO THE APPROPRIATE PERSONNEL FILE

TotalFoodservice Solutions Limited

Application for Employment

EMPLOYMENT HISTORY

give an accurate, complete full-time and part-time employment record. Attach additional sheets if necessary.

Employer's name (current name): _____		Telephone no.: _____	
Has this employer performed business under another name in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are the names known to you? _____			
Address: _____			
City: _____		County: _____	Post code: _____
Name of supervisor: _____		Dates employed: From: _____ To: _____	
State job titles and describe job duties: _____		Starting salary: _____	
_____		Last salary: _____	
_____		Reason for leaving: _____	
_____		_____	
_____		_____	
May we contact your present employer as a reference prior to making a hiring decision? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer's name (current name): _____		Telephone no.: _____	
Has this employer performed business under another name in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what are the names known to you? _____			
Address: _____			
City: _____		County: _____	Post code: _____
Name of supervisor: _____		Dates employed: From: _____ To: _____	
State job titles and describe job duties: _____		Starting salary: _____	
_____		Last salary: _____	
_____		Reason for leaving: _____	
_____		_____	
_____		_____	

UPON COMPLETION PLEASE ENSURE THIS FORM IS COPIED TO THE HR DEPARTMENT TO BE ADDED TO THE APPROPRIATE PERSONNEL FILE

TotalFoodservice Solutions Limited

Application for Employment

EMPLOYMENT HISTORY (CONTINUED)

Employer's name (current name): _____ Telephone no.: _____	
Has this employer performed business under another name in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the names known to you? _____	
Address: _____	
City: _____	County: _____ Post code: _____
Name of supervisor: _____	Dates employed: From: _____ To: _____
State job titles and describe job duties: _____	Starting salary: _____
_____	Last salary: _____
_____	Reason for leaving: _____
_____	_____
_____	_____

Professional business references (other than supervisors listed in the Employment History section above)

Name, address and position	Employer	Telephone

OTHER INFORMATION:

Have you ever had any serious illness or injury? Yes No

If yes, please provide details: _____

Are you registered as disabled? Yes No

Have you any health problems or physical disabilities? Yes No

Do you require any adjustments or special arrangements to be made when attending for interview? Yes No

If yes, please provide details: _____

Are you interested in working: Part time Full time

Are there any days, shifts, hours you will not work? Yes No

If yes, please provide details: _____

Can you meet the attendance requirements of the position? Yes No

If selected when will you be able to start work? _____

UPON COMPLETION PLEASE ENSURE THIS FORM IS COPIED TO THE HR DEPARTMENT TO BE ADDED TO THE APPROPRIATE PERSONNEL FILE

TotalFoodservice Solutions Limited

Application for Employment

Have you signed an agreement relating to non-compete, trade secrets, or confidential information with any other employer?
 Yes No

If yes, please attach a copy of the agreement to this application.

Would that agreement prevent you from performing the position for which you are applying? Yes No
If yes, please provide details: _____

Would that agreement restrict you from working for the company? Yes No
If yes, how? _____

Do you have a criminal record? Yes No

This does not apply to convictions which are spent under the Rehabilitation of Offenders Act 1974.

(Note that a 'Yes' answer does not automatically disqualify you from employment, since the nature of the offence, date and the job for which you are applying are also considered.)

If yes, please describe the conviction(s) fully, listing the dates and nature of the offence(s): _____

Have you previously submitted an application to the company or its subsidiaries or affiliates before? Yes No

If yes, month and year and position applied for: _____

List any relatives currently employed at the company and their relationship to you

DRIVING RECORD: (Only if licence is required for the position for which you are applying)

Do you hold a valid British driver's licence? Yes No Licence no. _____

Is it subject to any endorsements? Yes No

If yes, please provide details: _____

COMMENTS

Please add any comments you wish to make to support your application

INTERESTS

Please describe your leisure interests

UPON COMPLETION PLEASE ENSURE THIS FORM IS COPIED TO THE HR DEPARTMENT TO BE ADDED TO THE APPROPRIATE PERSONNEL FILE

EQUAL OPPORTUNITIES MONITORING FORM

Job title: _____ Department: _____ Full time Part time

Total food Service Is committed to a policy of equal opportunities in employment. In order to monitor the operation of this policy, it is necessary to collect information from all job applicants and employees on the key characteristics, which relate to equal opportunity in employment.

The information collected will form a confidential record, which will only be used to monitor the operation of the employers Equal Opportunities Policy. This information is requested on a separate form and it will not be seen or made known to selector.

Please mark the following boxes with a tick and delete any words as appropriate.

1. Gender: Female Male

2. Date of birth: _____

3. Marital status: Married/live with partner Single/divorced/widowed

4. No. of dependants: Dependent children Other dependants

5. Ethnic Origin:

Please read the list below and tick the appropriate box that you feel most nearly describes your ethnic origin:

ASIAN

Bangladeshi

Chinese

Indian

Pakistani

Other Asian – please describe _____

BLACK

African

Caribbean

Other – please describe _____

OTHER

White

Any other ethnic group – please describe _____

6. Are you registered disabled? Yes No

Thank you your co-operation in providing this information. Please return this form to HR Department

UPON COMPLETION PLEASE ENSURE THIS FORM IS COPIED TO THE HR DEPARTMENT TO BE ADDED TO THE APPROPRIATE PERSONNEL FILE

**HEALTH & SAFETY MEDICAL QUESTIONNAIRE
STRICTLY PRIVATE & CONFIDENTIAL**

Name:

It is the policy of this Company to protect the interests of all its employees. To fulfil this obligation, it is necessary for all prospective employees to complete the following questionnaire. This information will be treated in the strictest confidence and is intended only to protect all employees at all times, when working for the Company.

Any details revealed in this questionnaire will not discriminate against a prospective employee in their application to join, or against an existing employee in their continued employment.

PLEASE ANSWER ALL THE QUESTIONS – PLEASE TICK THE APPROPRIATE BOXES.

1. Have you ever suffered from:

	Yes	No		Yes	No
a) Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	j) Stiff finger joints	<input type="checkbox"/>	<input type="checkbox"/>
b) Hernia (in the last 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	k) Stiff wrist joints	<input type="checkbox"/>	<input type="checkbox"/>
c) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	l) Aches & Pains	<input type="checkbox"/>	<input type="checkbox"/>
d) Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	m) Headaches	<input type="checkbox"/>	<input type="checkbox"/>
e) Hypertension (High blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	n) Sore eyes	<input type="checkbox"/>	<input type="checkbox"/>
f) Poor Circulation	<input type="checkbox"/>	<input type="checkbox"/>	o) Stress/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
g) Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>	p) Focusing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
h) Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	q) any repetitive strain injury	<input type="checkbox"/>	<input type="checkbox"/>
i) Musculoskeletal Problems	<input type="checkbox"/>	<input type="checkbox"/>	r) Any other relevant to your employment medical complaint	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you had an Eye Test?

3. Have you undergone surgery of any kind in the last twelve months?

4. Have you any artificial limbs or surgical implants?

5. Are you taking any prescribed drugs?

6. Do you wear spectacles or contact lenses?

7. Have you suffered any fainting or epileptic or waking seizure over the last three years?

8. Do you, or have you in the last three years, suffered from any of the following diseases? – Typhoid, Paratyphoid, Salmonella Infection, Amoebic or Bacillary Dysentery

9. Do you have any Staphylococcal infection likely to cause food poisoning, e.g. boils, septic spots, septic cuts, burns or throat or nasal infection?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the questions above please give full details overleaf. Please sign and date this form when completed.

Signature: _____ Date: _____

PLEASE GIVE BELOW FULL DETAILS OF ANY ITEMS TO WHICH YOU HAVE ANSWERED

'YES' OVERLEAF

Application for Employment

HEALTH & SAFETY MEDICAL QUESTIONNAIRE
STRICTLY PRIVATE & CONFIDENTIAL

WHERE APPROPRIATE, THIS SHOULD INCLUDE DATES, HOSPITAL ATTENDED, ETC.

Reference Question:

Reference Question:

Please complete and sign this section, if appropriate.

With regard to the aforementioned health problems, reference

Or others, please state: -

- 1) I hereby state that none were occasioned as a result of my employment with the company
- 2) That all / any previous health problems are now under control and as such, cannot be exacerbated directly as a result of my employment with the company
- 3) All / any previous health problems do not and will not inhibit or restrict me from carrying out all aspects of my job, as defined, to a standard required by the company.
- 4) That my existing health problems do not and will not inhibit or restrict me carrying out all aspects of my job, as defined, to a standard required by the company.

Signed: _____ Date: _____