



**PRIVATE & CONFIDENTIAL**

**GLENKRAG LTD**

Company Registration No. N.I. 21130  
Wholesalers to the Pet & Garden Trade

*ESTABLISHED 1980*

Unit 7E Kilroot Park, Larne Rd, Carrickfergus  
Co. Antrim, BT38 7PR, N.Ireland  
T: 0(044) 2893 351491  
F: 0(044) 2893 351920  
W: www.glenkrag.co.uk

**PLEASE COMPLETE IN BLOCK CAPITALS**

Position applied for:

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**PERSONAL DETAILS**

TITLE: <i>Please delete as appropriate</i>			MARITAL STATUS:				
MISS	MRS		MR				
FORENAME:				SURNAME:			
D.O.B:		PLACE OF BIRTH		NATIONAL INSURANCE NUMBER			
ADDRESS:				DAYTIME TEL NUMBER			
				EVENING TEL NUMBER (IF DIFFERENT)			
POSTCODE				MOBILE			

Please circle appropriate answer.

Do you hold a full current UK driving licence?	YES	NO
Do you have access to a vehicle?	YES	NO

Have you ever been convicted of a criminal offence (which is not a spent conviction under the rehabilitation of offenders' legislation)?	YES	NO
<i>If you have answered YES, please give full details.</i>		



**HIGHER EDUCATION**

COLLEGE ATTENDED		<u>FROM</u>	<u>TO</u>
<u>EXAM LEVEL</u>	<u>SUBJECT</u>	<u>GRADE</u>	<u>YEAR</u>

**THIRD LEVEL EDUCATON**

UNIVERSITY/COLLEGE ATTENDED		<u>FROM</u>	<u>TO</u>
<u>EXAM LEVEL</u>	<u>SUBJECT</u>	<u>GRADE</u>	<u>YEAR</u>

*Please note that employees may be required to produce original hard copies of examination results. Photo copies are not acceptable.*

Please give details of membership to any technical or professional associations:

Please give details of any foreign language skills and level of proficiency.

**PROFESSIONAL TRAINING**

Please list any professional training you have completed which is of relevance to this position.

**HOBBIES & INTERESTS**

What are your hobbies and interests?

**EMPLOYMENT HISTORY**

*We require details of the last 10 Years of Employment.*

(Please continue on a separate sheet if required.)

**CURRENT/MOST RECENT**

<b>Company Name:</b>	Address:
	Post Code:

List main duties/responsibilities;

Main Achievement in this role:

Reported To:	Start Date	Leaving Date
	Salary	Salary

**PREVIOUS**

<b>Company Name:</b>	Address:
	Post Code:

List main duties/responsibilities;

Main Achievement in this role:

Reported To:	Start Date	Leaving Date
	Salary	Salary

**PREVIOUS**

<b>Company Name:</b>	Address:
	Post Code:

List main duties/responsibilities;

Main Achievement in this role:

Reported To:	Start Date	Leaving Date
	Salary	Salary

**PREVIOUS**

<b>Company Name:</b>	<b>Address:</b>
	<b>Post Code:</b>

List main duties/responsibilities;
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Main Achievement in this role:
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Reported To:	Start Date	Leaving Date
	Salary	Salary

*Please circle appropriate answer.*

Are you willing to work away from home?	YES	NO
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Are you willing to work overtime and weekends when required?	YES	NO
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Are you willing to undergo training courses laid down by the company?	YES	NO
---	-----	----

Do you have any other commitments, which may limit your working hours? (E.G. Military Reserve, Local Government etc?)	YES	NO
--	-----	----

<i>If you have answered Yes to the above question, please give details.</i>
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Are you required to work a notice period with your current employer?	YES	NO
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<i>If you have answered Yes to the above question, please indicate the length of notice required.</i>
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Do you have any Holiday commitments within the next 12 months?	YES	NO
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<i>If you have answered Yes to the above question, please provide details.</i>
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**SKILLS**

*Please provide an example, relevant to the position applied for, from your employment history, which demonstrate your ability in the following skills*

COMMUNICATION

CREATIVITY

RESILIENCE & TENACITY

TEAMWORK

MOTIVATION

PLANNING & ORGANISING

IMPROVING PERFORMANCE

**REFERENCES**

*Please give details of two referees (not relatives) who we may approach, in confidence, for an assessment of your suitability for the position applied for:*

NAME:	NAME:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
TEL NO:	TEL NO:
E-MAIL:	E-MAIL:
OCCUPATION:	OCCUPATION:

Where did you hear of this vacancy?

Declaration by the applicant:

I confirm that the information supplied on this application is correct. I understand that any false information or deliberate omissions disqualify me from employment or render me liable to dismissal.

**PRINT FULL NAME:**

**SIGN**

**DATE**

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**Appendix 1**

**Health Questionnaire. To be completed and returned in sealed envelope provided.**

**Appendix 2**

**Monitoring Questionnaire. To be completed and returned in sealed envelope provided.**

**Appendix 3**

**Application Pack. To be received by Closing Date: \_\_\_\_\_**



## GLENKRAG LTD

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To Comply with the legal requirements of the fair employment act, we would be grateful if you would complete the below form and return it in a separate envelope marked "MONITORING OFFICER" – Please do not put your name on this return

### Monitoring Questionnaire

*Private & Confidential*

Ref No:

We are an equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Protestant or Catholic. We are therefore asking you to indicate your community background by ticking the appropriate box below.

I am a member of the Protestant community

I am a member of the Roman Catholic Community

I am a member of neither the Protestant nor the Roman Catholic Community, ie. Muslim, Hindu Please State

\_\_\_\_\_  
Please state the names of Primary Schools attended:

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether you are: Female:  Male:

If you do not complete this questionnaire, we are encouraged to use the "residuary" method, which means that we can make a determination on the basis of personal information on file/ application form.

**Note: It is a criminal offence under the legislation for a person to give "false information ... in connection with the preparation of the monitoring return"**

## **Pre-employment Health Questionnaire**

### ***Introduction***

Glenkrag Limited is committed to the health and safety of its staff. As part of this commitment, this Pre-employment Health Questionnaire is required to be completed by all staff prior to taking up employment with the company.

Glenkrag, like every employer is bound by *The Management of Health and Safety at Work Regulations 1992*, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition *The Disability Discrimination Act 1995* imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment.

This Pre-Employment Health Questionnaire, supplemented where necessary by a further medical assessment, is part of Glenkrag's fulfillment of our legal responsibilities in respect of the above two pieces of legislation.

### ***Confidentiality***

The completed form will only be seen by the Company Secretary if you are about to be offered employment. In the vast majority of cases the questionnaire will be sufficient for the Management to confirm medical suitability for employment in the proposed occupation. However, in a very few instances, we may need to make further enquiry of an individual, or may require a medical examination.

In some instances action may be required by the Glenkrag to reduce potential risks or to improve the ability of a new member of staff to perform the full duties of the job. Where this requires the disclosure of material facts, e.g. to Line Management, such a disclosure will only be made with the informed consent of the prospective employee.

**Appendix 1**  
**Medical History**

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (i) date, (ii) amount of time lost from work/school, (iii) treatment, as appropriate.

<b>Have you ever suffered from any of the following illness:</b>	<b>YES</b>	<b>NO</b>	<b>IF YES GIVE DETAILS</b>
Visual defects/eye conditions ( <b>including colour-blindness</b> )			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			

	YES	NO	IF YES GIVE DETAILS
Hernia			
Any alcohol or drug related problem or illness			
Any other medical condition, physical or mental, not mentioned above			
<b>Have you</b>			
Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days sickness absence in the past 2 years?			
Ever been, or are a Registered Disabled Person?			
Ever been, or are a Registered Disabled Person?			
Suffered from an Industrial Disease/Accident?			
Had a chest X-ray in past 12 months - <b>If so state place/date/result</b>			
<b>Present Health Status</b>			
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker? <b>If so please give details</b>			
Do you drink alcohol? <b>If so how many units per week?</b>			
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
What is your height? .....ft ..... ins <i>or</i> .....m			
What is your weight? .....st .....lbs <i>or</i> ..... kgs			

**Declaration**

- (1) I declare that, to the best of my knowledge, the information I have given is correct.
- (2) I understand that I may be required to attend a medical examination.
- (3) I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature ..... Date .....

**For completion by Company Secretary:**

**Appendix 1**

Employee's name .....

Date of birth .....

Post .....

**MEDICAL ASSESSMENT: PRE-EMPLOYMENT**

In my opinion, the above is:

- A:** Medically suitable for employment in the proposed occupation
- B:** Medically unsuitable for employment in the proposed occupation
- C:** Medically suitable for employment in the proposed occupation, subject to the following conditions:

Signature ..... Date .....