

**H2 CONTRACTS LTD**

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**INVESTORS  
IN PEOPLE**

**Accredited**  
Until 2020

Mob: 07921879409 E: info@h2contracts.co.uk

**EMPLOYEES APPLICATION DETAILS FORM**

**Surname** \_\_\_\_\_

**Forename** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Male/Female** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**National Insurance No.** \_\_\_\_\_

**Are you Married** \_\_\_\_\_

**Name of Next of Kin** \_\_\_\_\_

**P45 Issued**

**P46 Completed**

<u>Bank Account Details</u>
<b>Bank:</b> _____
<b>Account No.:</b> _____
<b>Sort Code:</b> _____

**Have you worked with any of our clients before** \_\_\_\_\_ **If Yes, please provide dates]**

**Have you any Criminal Convictions?** \_\_\_\_\_ **If Yes, complete form CCD01**

Do you have a driving license? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you know anyone working for the company \_\_\_\_\_

Please add in any additional information you feel may be of interest to the company.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This section to be completed by the company**

START DATE.....

AGREED WAGE.....

WORKS NO.....

IRIS NO.....

## EMPLOYMENT HISTORY

Please list below your past and present employers, beginning with your most recent:

Name	Dates	Duties	Salary	Reason for leaving
Address				
Tel. No.				

## EDUCATION

School	From/ To	Examination and Results

**HEALTH CERTIFICATE FOR PERSONS EMPLOYED/ TAKING UP EMPLOYMENT**  
**IN THE MEAT INDUSTRY**

**SECTION A**

Do you need us to make any adjustments to the selection process because you are a disabled person or due to a health related condition i.e. a scaffolder must have the ability to climb ladders etc	Yes/ No	If Yes please give Details
<b>UK and EU legislation puts the onus on employers to satisfy themselves that no food handler pose a hygiene risk to the product Please answer the following questions if you will be working with food.</b>		
At present, or in the last 7 days, are you suffering from diarrhoea and/or vomiting?	Yes/ No	If Yes please give Details
At present, or in the last 7 days, are you suffering from stomach pain, nausea or fever?	Yes/ No	If Yes please give Details
At present are you suffering from skin infections of the hands, arms or face i.e. boils, sties, septic fingers or discharge from eye/ear/ gums/ mouth?	Yes/ No	If Yes please give Details
At present are you suffering from jaundice? Do you suffer from recurring infections of the skin, ear or throat?	Yes/ No	If Yes please give Details
Have you ever had typhoid or paratyphoid fever or are you now known to be a carrier of Salmonella Typhi or Paratyphi?	Yes/ No	If Yes please give Details
Are you a carrier of any type of Salmonella?	Yes/ No	If Yes please give Details
In the last 21 days have you had contact with anyone, at home or aboard, who may have suffering from typhoid or paratyphoid	Yes/ No	If Yes please give Details
Do you suffer from any Allergies	Yes/ No	If Yes please give Details
Countries visited in the last 6 weeks:		

**Declaration**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name in Capitals \_\_\_\_\_

