

# Corn Dolly Foods Ltd Application Form

**Position: Retail Sales Assistant**

## Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \* \_\_\_\_\_ Date of Birth: \_\_\_\_\_

National Insurance No: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Educational History: (Continue of separate page if necessary)

School/College/University Attended	Subject/Course	Qualification Gained

<b>Employment History: (Continue of separate page if necessary)</b>			
<b>Dates</b>	<b>Name of Employer</b>	<b>Position Held</b>	<b>Reason for Leaving</b>

Any other information relevant to your application? (E.g. Skills, Languages, Hobbies, Interests, etc.)  
 (Please use a separate sheet if necessary)

<b>References:</b>	<b>Referee 1</b>	<b>Referee 2</b>
<b>Name:</b>		
<b>Company Name:</b>		
<b>Occupation / Position:</b>		
<b>Contact Number:</b>		

**Please Return to:**  
**Corn Dolly Foods Ltd, Unit 7 Greenbank Industrial Estate, Newry, Co. Down, BT34 2QU.**  
**or by Email to [info@corndollyfoods.com](mailto:info@corndollyfoods.com)**  
**Closing Date: Friday 22<sup>nd</sup> June 2018 @ midnight**

## Corn Dolly Form Monitoring Form

*(This form is to be kept separate. It is an anonymous survey. Please place in the separate envelope provided. Please do not identify yourself on this form.)*

Corn Dolly Foods aims to provide equal opportunities and fair treatment for all people applying to be volunteers regardless of race, sex disability, sexual identity, religious or marital status.

In order to achieve these aims we have a policy of monitoring all potential employees, students and volunteers. As part of this monitoring process we ask for your co-operation in completing the questions in this section. We wish to give you the following assurances:

- ◆The information provided will not form the basis of any part of selection.
- ◆All information in the application form will be regarded as confidential.
- ◆This monitoring information will only be used for statistics.

**Please circle as appropriate**

**Age:** <25    25-34    35-44    45-54    55-64    65+

**Gender:**    Female    Male

**Would you describe yourself as disabled?**    Yes    No

**Nationality:** UK    Irish    Other EC    Other (Please Specify) \_\_\_\_\_

**Religious preference:**    Catholic    Protestant    Neither

**Please indicate your ethnic group by ticking**

White British	_____	White and Black Caribbean	_____
Irish	_____	White and Black African	_____
Other White	_____	White and Asian	_____
		Other Mixed	_____

Thank you for completing this form