

FURTHER EDUCATION & TRAINING (SINCE LEAVING SCHOOL)

Name & Address of college		Dates	
		From	To
Subjects	Results	Qualifications	

Do you have a current driving licence?	YES / NO
Any Current Penalty Points?	YES / NO (If yes how many)
Are you a car owner?	YES / NO

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER FIRST

Continue on extra sheet if necessary

Please note employment history should be **completed in full** to be considered for employment

EMPLOYMENT (Please ensure that the full name and address is given) Start Date ___/___/___	
PRESENT/LAST EMPLOYER _____	End Date ___/___/___
Address _____	
_____ Postcode _____	
Job/Title/Position _____	Weekly Wage _____
Reason for Leaving _____]	
Referee: _____	
Nett / Gross	

EMPLOYMENT (previous employer) Start date __/__/____

Other most recent Employer _____ End date __/__/____

Address _____
 _____ Post Code _____

Job Title/Position _____ Weekly Wage _____
Nett /Gross

Reason for Leaving _____

Referee _____

EMPLOYMENT Start Date __/__/____

Previous Employer _____ End Date __/__/____

Address _____
 _____ Post Code _____

Job Title/Position _____ Weekly Wage _____
Nett / Gross

Reason for Leaving _____

Referee _____

EMPLOYMENT Start Date __/__/____

Previous Employer _____ End Date __/__/____

Address _____
 _____ Post Code _____

Job Title/Position _____ Weekly Wage _____
Nett / Gross

Reason for Leaving _____

Referee _____

I hereby give permission to contact the employers listed concerning my prior employment.

Signed _____ If there is a particular employer(s) you do not wish us to contact, please indicate which one(s)

If you have been unemployed for any period between jobs or have not worked for any reason, please complete this section:

Please give reason for any breaks in your employment history :-

ADDITIONAL INFORMATION

Please add any further information that is relevant to your application i.e. work history and experience, qualifications to support your application

Are you currently qualified to administer First Aid? **YES / NO**

If yes, state type of certificate i.e. H.S.E./St.Johns Ambulance/Red Cross _____
Expiry date of current certificate ___/___/_____

Are you currently trained to operate plant or machinery? **YES / NO**

If yes, state which type and last assessment date i.e. Fork Lift Trucks, Drive HGV vehicles, Power Presses, Abrasive Wheels etc

What Safety training have you been given and when?

Please add any further information that is relevant to your application i.e. hobbies, interests or Public and Civil Duties undertaken including Military Service.

NOTES FOR THE APPLICANT

1. Employment may be subject to receipt of satisfactory references, and a satisfactory medical report in instances where a medical examination is required.
2. A deliberate false statement in any of the sections will render this application and any subsequent contract invalid and employment will be terminated immediately.
3. Where specified, Employment is subject to the satisfactory completion of a 12 week probationary period.

I understand and agree to the above conditions of employment and confirm that the facts given in this Application are correct.

Signed _____ **Date** _____

FOR MANAGERS USE ONLY

This section must be completed by the Interviewer

Interviewers Name(s)_____										
APPEARANCE	1	2	3	4	5	6	7	8	9	10
SELF EXPRESSION	1	2	3	4	5	6	7	8	9	10
RELEVANT SKILLS/ EXPERIENCE	1	2	3	4	5	6	7	8	9	10
COMPATABILITY	1	2	3	4	5	6	7	8	9	10
ENTHUSIASM	1	2	3	4	5	6	7	8	9	10
Note:- Mark out of 10 where 10 is the best mark.										
REFERENCE REQUIRED FROM_____										
OFFER EMPLOYMENT YES / NO										

General Comments and Observations from Interview

