

# Precision Polymer Engineering Ltd

## - APPLICATION FOR EMPLOYMENT -

Complete all sections of this form, even if some of the information required is contained in other documents you have already supplied. (PLEASE USE BLOCK CAPITALS THROUGHOUT)

<b>Position Applied For:</b>	
------------------------------	--

**PERSONAL DETAILS**

Title:	Surname:	Forenames:
--------	----------	------------

Marital status:	Children:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Contact Telephone Day:
Post Code:		Contact Telephone Evening:

**EMERGENCY CONTACT DETAILS**

Next of Kin:	Address:	Telephone Number in case of emergency:
Relationship:		

**SECONDARY EDUCATION**

Name/Location of School	From	To	Examinations taken and grades

**FURTHER EDUCATION**

Name/Location of College/University	From	To	Examinations taken and grades

**MEMBERSHIP OF PROFESSIONAL BODIES**

Name of professional Body	Membership Status	Date Achieved

**CURRENT/LATEST JOB**

Job Title		Salary:
Company		Benefits:
Address		Name of immediate manager:
		Telephone number:
Date employment commenced:		Date employment ended:
Duties and Responsibilities (continue on a separate sheet if necessary):		
		Notice Period:
Reason for leaving/wishing to leave:		

**EMPLOYMENT HISTORY**

List all of your previous positions in chronological order starting with the most recent first. Continue on a separate sheet if necessary.				
Job Title/Company Name Address/Telephone Number	Duties/Responsibilities	Dates From/To	Leaving Salary and Benefits	Reasons for leaving

**DRIVING LICENCE**

Do you hold a current driving licence?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes give details including dates of any motoring offences/endorsements:	Current points on licence:

**CRIMINAL RECORD**

Have you ever been convicted of a criminal offence, or have any legal action pending against you other than any spent convictions under the Rehabilitation of Offenders Act, 1974?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give full details:

**HEALTH**

Describe your general state of health:	
Do you have any medical conditions that may affect your employment?	
Do You smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	When was the last time you saw your G.P?
Have you ever been incapacitated either physically or mentally for a period of two weeks or more at any time?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes give details)
Have you been admitted to Hospital at any time in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes give details)
Do you suffer from any permanent disabilities or learning difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes give details)

**REFERENCES**

We will require at least two references, which we will normally take from your latest two relevant employments. Please state here the name(s) of any of the above employers that you do <b>not</b> wish us to contact for references. If necessary please give details of any other persons (not family) to which we may apply for a reference.	
Please do not contact: (state reason)	
Other referee(s), if necessary Name: Address:  Telephone Number: Relationship:	Name: Address:  Telephone Number: Relationship:

**ADDITIONAL INFORMATION**

Please use this space to provide any further information, which you feel, will support your application. Please include details of your hobbies and leisure interests :
---

**DECLARATION**

- I hereby declare that, to the best of my knowledge and belief, the statements contained in this application (and any other supporting document) are accurate and complete.
- I understand that, if I am appointed, any false or misleading information given by me in support of this application (or omission of any information, which should have been included) will render me liable for dismissal.
- I authorise the company to obtain references, once an offer of employment has been made and accepted, and release the company and referees from any liability arising from giving and receiving information for this purpose.
- I authorise the company to hold and process details from this application form, in line with the Data Protection Act, 1998.

**Signed by Applicant** ..... **Date** .....

UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED  
Applicants may be required to supply documentary evidence of qualifications referred to in this form



**INVESTOR IN PEOPLE**