



## JOB APPLICATION FORM

- All information given will be treated as strictly confidential.
- The interviewing panel will only use information within this application form and neither curriculum vitae nor references will be accepted.
- This application form must be returned by 5pm on the closing date stated on the appropriate advert.
- All forms should be returned to the **Monitoring Officer, Tobermore Concrete Products Ltd, 2 Lisnamuck Road, Tobermore, Co. L'derry, BT45 5QF**

<b>Position Applied for:</b>		
<b>Surname</b>		
<b>First Name</b>		
<b>Address</b>		
<b>Post Code</b>		
<b>Telephone number Including dialling code</b>	<b>Home -</b>	<b>Mobile -</b>
<b>Date of birth</b>		
<b>Marital Status</b>		
<b>Do you hold a current drivers licence?</b>		
<b>Do you have a car/access to a car to travel to work?</b>		
<b>Please give details of any driving convictions during the last 5 years</b>		

### Personal Details

<b>Please use this space for details of hobbies/interests: -</b>

### Vacancy Information

How did you find out about the job? (Please tick appropriate box)

Newspaper (if so which one?)	Friend	Company website
Other (if so how?)	Existing employee	

## Education and Training

### Secondary Education

Name of School	From	To	Exam taken	Grade

### Further Education

Name of University, College, Evening Class	From	To	Course Details	Grade

### Other training/relevant courses attended

Course details	From	To	Grade

### Membership of professional organisations

Membership details	Date joined

## Employment Record

*Please list most recent employer first*

Name and address of Employer and Nature of Business	Position and Main Responsibilities	From	To	Leaving Salary	Reason for Leaving

Please use continuation sheet if necessary and attach to application form.

Have you given notice to your employer?	Yes/No
How soon could your new employment commence?	
Please give details of any holiday commitments during the next 12 months	

### Language Skills

**Please indicate your level of English language? (Please circle the most appropriate answer)**

<b>FLUENT</b>	<b>LIMITED</b>
<b>CONVERSATIONAL</b>	<b>I DO NOT SPEAK ANY ENGLISH</b>

### Medical Details

Please state if you suffer/have suffered from any of the following:

Illness	Yes/No	Illness	Yes/No
Bronchitis		Asthma	
Stomach or bowel complaint		High or low blood pressure	
Rheumatic fever (rheumatism)		Epilepsy	
Sciatica		Colour blindness	
Back pain		Diabetes	
Fainting or migraine		Heart condition/angina	

**Please give details of any serious illness or disabilities: -**

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**Are you a registered disabled person?** Yes/No

**Please state the number of days illness during the last 2 years:-**

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**Have you attended hospital in the last 5 years? If so please give details**

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### References

Please provide the names and addresses of two referees, one of whom must be your most recent employer.

<b>Name</b>	
<b>Address</b>	
<b>Company</b>	
<b>Position</b>	
<b>Telephone Number</b>	

<b>Name</b>	
<b>Address</b>	
<b>Company</b>	
<b>Position</b>	
<b>Telephone Number</b>	

### Declaration

I certify that to the best of my knowledge, all information that I have provided is correct. I understand that any false information given or to suppress any material fact will leave me liable to disqualification, or if in employment, dismissal.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## MONITORING INFORMATION

REF:

### FOR MONITORING PURPOSES ONLY

Tobermore Concrete Products Ltd monitors the applications it receives for jobs in order to ensure that its recruitment practices promote equality of opportunity.

This information will be treated in the strictest of confidence and protected from misuse, and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

**Please indicate your religion or the religion to which you would be perceived to belong 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

**Please indicate your gender by ticking the appropriate box below:**

- Male
- Female

**Please indicate your marital status by ticking the appropriate box below:**

- Married
- Single
- Divorced/Separated
- Widowed
- Other

*Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has or has had a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.*

**Do you consider that you meet this definition of disability?**

Yes

No

If YES please state the nature or effects of your disability \_\_\_\_\_

**Please describe your ethnic origin by ticking the appropriate box below:**

Bangladeshi	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	White	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Mixed Ethnic Group	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Other (please specify)	
		.....	
		Nationality (please specify)	
		.....	