Application for Employment



Omega, 14 Springtown Road, Springtown Industrial Estate, L'Derry, N. Ireland, BT48 0LY

							Springto	own Indust	rial Estate, L'I	Derry, N.	Ireland, BT48 0LY
Telephone: 028 7137 0219 Fax: 028 7137 2102 Personal Details:											
Title:		Surname) :			Forename	e(s):				
Home	Address:										
Postc	ode:		Home te	l no:		Mobile:					
Email	Email:										
Do yo	u have a cl	ean driving	licence?								
Seco	ndary Ed	lucation:									
Exam	ination:		Subjec	t & Grade:							

Further Education/Tra	aining Courses Attended:				
Institution	Course Undertaken				
Employment History:	Please give details of all jobs you ha	ave held since leaving scho	ool		
Dates-To/From	ntes-To/From Name & Address of Employer Job Details			Reason for Leaving	
Declaration of Health	: Please tick the appropriate box be	low. If you tick yes to any o	of the questions p	lease give deta	ils below
1. Do you or have you in t	he past suffered from any of the	following conditions?	YES	NO	
(a) Dermatitis or other skir	n disease				
(b) High blood pressure, h	eart disease				
(c) Epilepsy, fainting or bla	ackouts				
(d) Giddiness or Headache	es				
(e) Diabetes					
(f) Arthritis					
(g) Neck/back pain or disc	comfort				
(h) Physical or speech def	ects				
(i) Hearing or sight defects	s or conditions				
(j) Do you suffer from any	illness or health problems which	may affect your work?			
(j) Do you suffer from any Details:	illness or health problems which	may affect your work?			

Declaration of Health:								
2. During the last two years of employment how many days have you lost due to illness?								
Details:								
3. Next of Kin (Name):	Address:							
		Telephone No:						
Referees:								
Please give the names and addresses of two people who h	nave agreed to ac	et as referees and have	known you for at least two					
years. At least one referee should be a former employer if	possible.							
1. Name:	2. Name:							
Address:	Address:							
Telephone No:	Telephone No:							
Additional Information:								
Please write below any other information which you consid	der relevant.							
	der relevant.							
	der relevant.							
	der relevant.							
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	der relevant.							
	der relevant.							
	der relevant.							
Please write below any other information which you consider the second s		/ knowledge, true and	correct. I also agree that any					
Please write below any other information which you consider the second of the second o	to the best of m							
Please write below any other information which you consider the place of the place	to the best of m							
Please write below any other information which you consider the information given in this application is misrepresentation by me will lead to the withdrawal of any	to the best of m							