



Trailers Limited

Application For Employment

Please complete the form by using blue or black pen and return to the address below

Name	Ref. No.
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Position applied for

Personal details

Surname	Forename	Title
Address		
Telephone number		
Current driving license	Y / N	National Insurance No.
Groups	Expiry date	Details of endorsements (if applicable)

Jane Millar - Human Resources Manager SDC Trailers Ltd

116 Deerpark Rd, Toomebridge, Co. Antrim, N. Ireland BT41 3SS

Telephone: +44 (0)2879 650765 Fax: +044 (0)2879 650042

Email: info@sdctrailers.com Website: www.sdctrailers.com

Education history

Schools (type only e.g, secondary, grammar)	Qualifications gained
Colleges / Universities	Qualifications gained
Other training courses attended	

Employment history (Please enter all employment details for the past 5 years, starting with the most recent/current. Also enter any periods of unemployment)

Length of Employment	Name & address of employer	Title & duties	Salary	Reasons for leaving

Are you prepared to work overtime as required?

References (Please note here the names and contact details of two persons from whom we may obtain both character and work experience references)

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Criminal record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state.

General comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

Health details

<p>Are you disabled YES / NO. If YES, please give details and specify any special needs in relation to your disability.</p>
<p>Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.</p>
<p>Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.</p>
<p>Please list all absences from work in the past 12 months and the reasons for such absences.</p>

Declaration (Please read this carefully before signing this application)

<ol style="list-style-type: none">1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.3. I agree that the organization reserves the right to require me to undergo a medical examination / pre-employment questionnaire. <p>Signed _____ Dated _____</p>

For office use only

Interview notes