

PLEASE COMPLETE IN BLACK INK
PRIVATE & CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

IMPORTANT APPLICATION INFORMATION

All mandatory parts of this Form, together with the enclosed Monitoring Form, must be completed in full. Failure to do so may invalidate your application. You may submit a Curriculum Vitae or Résumé in addition to this Form, but not as an alternative. Please return this Form by the stated Closing Date, as Forms received after the Closing Date cannot be accepted. Please return the completed application form to the HR Department at NHL, 63 Gortgonis Road, Coalisland, Co. Tyrone BT71 4QG or email it to careers@nhlcyclinders.com

1 POSITION APPLIED FOR

Job Title	Job Reference No
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2 PERSONAL PARTICULARS

Surname	Forename(s)	Title etc) (Dr / Mr / Mrs / Miss / Ms
Address		
Postcode:		
Home and or / mobile Telephone Number	email address	
Date of Birth	Place of Birth	Are you required to have a permit to work within the European Union?

...
 Are you prepared to work

Overtime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you proficient in any foreign languages?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please state languages and level of proficiency
Have you ever been interviewed or employed by this Company before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?
Have you ever been convicted of, or are you awaiting trial for, a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes", give details
What is your proposed means of transport to work?		

3 RECREATION AND INTERESTS

Please list sports, hobbies and other leisure interests in which you participate, mentioning membership, positions of responsibility or captaincy of teams:-

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To which professional or specialist organisations do you belong (indicate any office held)?

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4 EDUCATION AND TRAINING

The following information is in three sections. **Firstly**, list in chronological order the educational establishments attended since the age of 11 (compulsory secondary level education); **secondly** give details of all further and higher level education, technical colleges, universities, professional and technical education, apprenticeships, and other training/education which led to the award of a certificate or qualification; **finally**, give details of all training courses, seminars, etc that you have attended.

SECONDARY EDUCATION

Establishment	From	To	Examinations / Qualifications (state subjects and grades obtained)

FURTHER / HIGHER EDUCATION

Establishment (college, university, training provider)	From	To	Attendance (state whether full-time, day release, evenings, etc)	Examinations, Degrees or other Qualifications (state main subjects, grades and class of honours obtained) - include apprentice details, if applicable

TRAINING / SEMINARS

Training Provider	Date	Duration	Course Title and Content

5 WORK HISTORY

Please list all jobs you have held, in reverse order, **STARTING WITH THE PRESENT OR LATEST ONE**, and going back chronologically (include temporary and part-time positions). Please give a reason for leaving, or wishing to leave, each position. Also, list periods of unemployment.

Employer	From	To	Position and responsibilities Provide a reason for leaving	Gross Salary including benefits

continue on a separate sheet if necessary and attach

6 HEALTH

Please tick the appropriate box

If "Yes", please give details

Have you any heart or chest problems, asthma or bronchitis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you any skin rashes or allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you suffer from blackouts or epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any eyesight deficiencies/colour blindness not normally corrected by glasses or contact lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any deafness/hearing deficiencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any mobility / physical coordination difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever pursued a claim for damages for industrial injury or disease against a former or your current employer (irrespective of liability)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details:
How many days have you lost from work due to sickness, injury or disease in the last 12 months?	days	Give main causes of absences

7 ADDITIONAL INFORMATION

This space is provided so that you may amplify in narrative style those aspects of your qualifications, attainments, skills, abilities and experience which you feel are relevant to your application; why are you applying for this position; why do you believe you are suitable.

8 NOTICE

(continue on a separate sheet if necessary and attach)

What period of notice are you required to give your present employer?

9 REFEREES

Please supply the **full names, addresses and professions** of two referees. If possible, one referee should be a recent employer and the other should be a person of good standing in the community. References may be taken up without further notice.

<p>1 _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Profession: _____</p>	<p>2 _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Profession: _____</p>
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11 DECLARATION

I declare that the foregoing particulars, together with the details on the enclosed Monitoring Form, are complete and correct to the best of my knowledge and belief. I understand that to give false information, or to wilfully suppress any material fact, will leave me liable to disqualification, or if appointed, to dismissal.

I understand that the appointment is subject to receipt of satisfactory references and that the company reserves the right to require any employee to undergo a medical examination prior to and/or during employment, or may seek, with the employee's permission, relevant medical particulars.

I consent to the information I have provided in this form being used for:

1. Processing my application for this post, including both manual and computerised records.
2. Transfer to the employment record if I am appointed, including both computerised and manual systems.
3. Inclusion in the Company's annual monitoring return to the Equality Commission and 3-yearly reviews in summary format.

Applicant Signature _____

Date _____

FAILURE TO COMPLETE ALL MANDATORY PARTS OF THIS FORM MAY INVALIDATE YOUR APPLICATION.