

APPLICATION FOR EMPLOYMENT



Return this application to: The Human Resources Department
Quad-X
37A Carnearney Rd
Ahoghill
BT42 2PJ
Telephone: (028) 25 872 800 Fax: (028) 25 87 8784
www.quad-x.com

By Date advertised

Monitoring Ref:

POSITION APPLIED FOR: Please write the job applied for:
.....

Please complete this form LEGIBLY in black ink and ensure it is returned to Quad-X by the closing date as stipulated above.

Late applications will not be considered. Shortlisting will be carried out on the basis of the information contained in this application form only.

[Please answer the questions fully as this will enable us to correctly assess your application.]

1. PERSONAL DATA (if you are supplying a C.V with this application, complete from section 3 on awards)

Form with two columns for personal data: Mr/Mrs/Miss/Ms, Surname, Forename(s), Date of Birth, Age, Height, Weight, Next of Kin, Home Telephone No, Mobile No, Full Clean Driving Licence?, If no, please give details of endorsements; Address, Town/City, County, Post Code, Do you have daily access to a car for business use?, If no, please give details:

2. EDUCATION AND TRAINING

Please list below in chronological order the name(s) of school(s), college(s), universities and other place(s) of education and training whose course(s) you have taken since the age of eleven*. Please continue on an additional sheet if necessary.

* It is important that the information you give is clear and specific in order that we can correctly assess your application.

SECONDARY LEVEL

School (Type Secondary, Grammar)	(f/t, p/t etc.)	From	To	Subject	Examinations passed		
					Level	Grade	Date

THIRD LEVEL

Name of College/University	Title of Course(s)	Qualification(s) Obtained	Date Awarded

PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS

<p>Please indicate the level of membership of professional bodies/associations. Indicate where membership is full or intermediate and whether the membership status has been achieved through experience or by study and examination.</p>
<p>Please give details of relevant development/training courses attended during previous employments.</p>

Other information

Any other qualifications/ Skills – indicate proficiency- which may be relevant to this application
 You may include information which you believe your suitability for the position applied for.
 If you wish you may continue on additional sheets.

3. CAREER HISTORY

Please list all jobs you have held since finishing full-time education, but in reverse order, starting with the present or latest one and going back chronologically. Where you have held more than one position in one organisation, please record these as separate jobs. Please continue on a separate sheet if necessary.

From/To (Month/Year)	Name and Address of Employer (indicating nature of business)	Main Duties/Responsibilities
Job Title:		
Present Salary:		
Other Benefits:		
Notice Period:		
Reason for Leaving:		

From/To (Month/Year)	Name and Address of Employer (indicating nature of business)	Main Duties/Responsibilities
Job Title:		
Final Salary:		
Reason for Leaving:		

From/To (Month/Year)	Name and Address of Employer (indicating nature of business)	Main Duties/Responsibilities
Job Title:		
Final Salary:		
Reason for Leaving:		

From/To (Month/Year)	Name and Address of Employer (indicating nature of business)	Main Duties/Responsibilities
Job Title:		
Final Salary:		
Reason for Leaving:		

4. CAREER INFORMATION

What influenced you to make this application?

Please outline the specific knowledge, skills and personal qualities which you possess and consider to be particularly relevant to the application:

What are your immediate and long-term career objectives?

State briefly any other information which, in your opinion, may be of interest in considering your application:

5. RECREATION AND INTERESTS

Please give details of special interests, hobbies, or sports/games you play. What you contribute and what you get out of them?

Please indicate the type of associations or societies in which you are active, stating the title of any positions held and details of responsibilities:

6. FURTHER PERSONAL INFORMATION

Please state any unspent criminal offences.	Details please:
Have you made any previous applications to Quad-X? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES", details please:

7. MEDICAL QUESTIONNAIRE

<p>a) Have you ever at any time suffered any major illness or injury Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>In the last 2 years how many days have you taken off work due to illness?</p>
<p>b) Do you suffer from any physical disability which would be likely to interfere with the proper discharge of the duties of the post for which you now apply? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) If the answer to (a) or (b) above is 'YES' please give details:</p>	<p>What is your present state of health, noting any illnesses or accidents which you have had, other than minor ones? Details please:</p>
<p>D) Any history of back Trouble? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Any Nervous disability or break-down Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many ?..... Per Day</p> <p>Do you Drink? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many ?..... Per Week</p>	<p>Are you at present on any treatment such as injections, tablets or medicines?</p>
<p>Have you ever had any hospital investigation or treatment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes give details.</p>	<p>If your application is successful are you prepared to undergo a medical examination? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

8. REFEREES

Please supply details of two referees who can comment on your professional competence and suitability for this post. One of whom must be your current or most recent employer:

Name:	Name:
Position:	Position:
Address:	Address:
Tel No:	Tel No:
Nature of Relationship:	Nature of Relationship:

9. DECLARATION

I declare that the foregoing particulars are complete and correct to the best of my knowledge and belief:

Signed:

Date:

WARNING: Any candidate found to have knowingly given false information, or to have wilfully suppressed any material fact will be liable to disqualification, or if appointed, to dismissal.