

5PAC LTD

APPLICATION FORM

SURNAME:	Please return application form to: Human Resources Department 5Pac Ltd Factory 7, Kennedy Way Industrial Estate Blackstaff Road Belfast BT11 9DT
CHRISTIAN NAMES:	
DATE OF BIRTH:	
ADDRESS:	
POSTCODE:	Position Applied For:
TELEPHONE NO:	
NATIONAL INSURANCE NO:	Date:

EDUCATION

SUBJECTS STUDIED	EXAMS	DATE

FURTHER EDUCATION - TRAINING

COURSE	EXAMS/CERTS	DATE

OTHER QUALIFICATIONS

NAME	EXAMS/CERTS	DATE

PREVIOUS EMPLOYMENT (PLEASE START WITH MOST RECENT)

***PLEASE INCLUDE EXPERIENCE FROM ANY VOLUNTARY WORK**

COMPANY	POSITION	FROM	TO	REASON FOR LEAVING	FINAL PAY

<u>BRIEF SUMMARY OF DUTIES: -</u>

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BRIEF SUMMARY OF DUTIES: -

PLEASE LIST YOUR HOBBIES AND INTERESTS

* NB LICENCE DETAILS ARE ONLY RELEVANT TO VACANCIES THAT REQUIRE A DRIVING LICENCE

Have you a current full driving licence

YES/NO

CLASS

Please give details of any endorsements on your licence,
past current or pending

Please give details of any car accidents you have had or
claims made against you in the past 5 years

Please give details of any other vehicles you are qualified
to drive

Do you have use of a car during normal working hours

YES/NO

For how many days in the past year have you been unable
to attend work due to illness

Do you have a disability that requires assistance during
interview?

Please advise:

*NB Candidates with a disability will be given equal
consideration

Doctors name and Address:

Please list any diseases, disorders or allergies from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving

Have you ever been convicted of a criminal offence YES/NO

If YES, please give details below

Please provide the names of two work referees, one of whom should be your manager in your current/most recent position where applicable. (These will not be contacted without your consent)

Name

Name

Position

Position

Address

Address

Telephone No

Telephone No

Please include any further details which may be of relevance to this position:

DECLARATION (Please read this carefully before signing this application)

- 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 I hereby give my authority for the organisation to contact my own doctor for any further details of my state of health.
- 3 I agree that the organisation reserves the right to require me to undergo a medical examination.
- 4 I can provide original document/s to prove I can legally work in the U.K.

Signed

Dated

FOR OFFICE USE ONLY

1st Interview Date:

2nd Interview Date:

Notes on Interviews:

Offer Letter: Y/N

***SEE BELOW

References: Y/N

Acceptance: Y/N

Medical: Y/N

Rejection Letter: Y/N

** PROVIDE ORIGINAL DOCUMENT/S TO PROVE LEGALLY
PERMITTED TO WORK IN THE U.K. Y/N

Pass To Admin:

North Down Group April 2004