

APPLICATION FORM



POSITION APPLIED FOR _____

MR/MRS/MISS/MS: SURNAME:	FORENAMES:
ADDRESS: POSTCODE:	MAIDEN NAME (if applicable): DATE OF BIRTH:
ADDRESS FOR CORRESPONDENCE (If different to above) POSTCODE:	CONTACT NUMBER: EMAIL ADDRESS:
DO YOU HAVE THE RIGHT TO WORK IN THE UK EITHER THROUGH BIRTH OR PERMIT? (TICK APPROPRIATE BOX) ☐ BIRTH ☐ PERMIT PERMIT NUMBER (if applicable):	NATIONAL INSURANCE NUMBER:

EDUCATION, TRAINING AND EXPERIENCE

SCHOOLS/COLLEGES ATTENDED	YEAR	QUALIFICATIONS ACHIEVED

(continue on separate page if necessary)

SKILLS, EXPERTISE AND ABILITIES

DESCRIBE ANY SKILLS, EXPERTISE AND ABILITIES THAT YOU HAVE ACQUIRED, RELEVANT TO THIS APPLICATION, INCLUDING THOSE GAINED THROUGH VOLUNTARY WORK OR IN THE HOME.

(continue on separate page if necessary)

EMPLOYEMENT HISTORY

CURRENT EMPLOYER NAME & ADDRESS	POSITION	FROM - TO	MAIN RESPONSIBILITIES
PREVIOUS EMPLOYER NAME & ADDRESS	POSITION	FROM - TO	MAIN RESPONSIBILITIES

(continue on separate page if necessary)

MEDICAL HISTORY

PLEASE GIVE BRIEF DETAILS AND APPROXIMATE DATES OF ANY PERIODS OF SICKNESS DURING THE PAST TWO YEARS, INCLUDING REASON FOR SICKNESS AND LENGTH OF ABSENCE FROM WORK:

PLEASE ANSWER THE FOLLOWING:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?	YES	NO
IS THERE ANY IMPEDIMENT WHICH WOULD PREVENT YOU FROM CARRYING OUT YOUR WORKPLACE DUTIES SAFELY AND EFFICIENTLY?	YES	NO
IF YES, PROVIDE DETAILS:		
DO YOU HOLD A CURRENT FULL DRIVING LICENCE?	YES	NO
IF, YES, PLEASE PROVIDE A COPY OF YOUR LICENCE		

PLANNED HOLIDAY ARRANGMENTS

IF YOU HAVE ANY PLANNED HOLIDAY ARRANGEMENTS PLEASE INDICATE:- FROM:_____ TO:_____ FROM:_____ TO:_____ MODERN TYRES WOULD LIKE TO POINT OUT THAT THEY ARE UNDER NO OBLIGATION TO MAKE SPECIAL ARRANGEMENTS TO SUIT PLANNED HOLIDAYS BUT WILL, WHERE POSSIBLE ENDEAVOUR TO DO SO.

REFEREES

PLEASE NAME TWO REFEREES, NOT RELATIVES, ONE AT LEAST OF WHOM SHOULD HAVE KNOWLEDGE OF YOUR PRESENT WORK AND BE IN A SUPERVISORY/MANAGERIAL CAPACITY AND WHO WILL BE CONTACTED FOR A REPORT (OR A SCHOOL IF YOU HAVE NOT BEEN EMPLOYED). *REFERENCES WILL BE SOUGHT AFTER SHORT-LISTING*	
NAME	NAME
ADDRESS	ADDRESS
DESIGNATION	DESIGNATION
CONTACT NO:	CONTACT NO:

The information provided on this application form will be used in the recruitment process and it may form the basis of some personnel records for the successful applicant(s). Records of the selection process will also be kept for a period of time after the recruitment process is completed. By signing this form, you have given permission for this personal information to be stored and processed for the purposes of arriving at a selection decision and for sensitive data to be monitored for the purpose of equality monitoring.

DECLARATION

The above particulars are complete and correct to the best of my knowledge and belief.

Should any of the above particulars be found to be incorrect I understand that my application will be rejected or if appointed I will be dismissed or face disciplinary action.

Usual Signature _____

Date _____

APPLICATION FORM TO BE RETURNED TO:

H.R.
Modern Tyres
56 Tempo Road
ENNISKILLEN
Co. Fermanagh
BT74 6HR