

DAIRYMASTER

Causeway, Co. Kerry.

Tel: (066) 713 1124 Fax: (066) 713 1670

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APPLICATION FORM

This form must be completed in ink, in the applicant's own handwriting. If it is found that incorrect details are stated, it will debar an applicant from employment or if already in employment, will result in immediate dismissal. All information will be treated in strict confidence.

PERSONAL PARTICULARS

SURNAME:

FORENAME(S):

PRESENT ADDRESS:

PREVIOUS ADDRESS:

TEL NO.:

MOBILE NO.:

EMAIL ADDRESS:

Position Applied For:

Driving Licence: Yes/No

Type:

Transport: Yes/No

Type:

Name and address of next of kin:

When are you available for employment:

MEDICAL HISTORY

Present state of health:

Physical disabilities (including eyesight/hearing):

Have you ever had any medical condition or problem that might affect your ability to work? Yes/No

If 'yes' give particulars:

Have you ever had an accident at work? Yes/No

If 'yes' give particulars:

Have you received or are you receiving compensation relating to accidents at work or otherwise? Yes/No

If 'yes' give particulars:

Name and address of family doctor:

Telephone No.:

Would you be prepared to undergo a full medical examination? Yes/No

EDUCATION

SECONDARY / TECHNICAL SCHOOL(S)	FROM	TO	EXAM DATES	DETAILS OF RESULTS					
				Intermediate / Junior Certificate			Leaving Certificate		
				Subject	Grade		Subject	Grade	
					H	L		H	L
								Total Points Received:	

THIRD LEVEL EDUCATION

COLLEGES ATTENDED	FROM	TO	DETAILS OF QUALIFICATIONS/EXAMS

TRAINING COURSES

TRAINING BODY	FROM	TO	DETAILS OF COURSE(S) RESULTS

Have you any other abilities or skills i.e. languages, keyboard skills etc., which may help in your application for this position?

WORK HISTORY

Particulars of Past and Present Employers (begin with current or last employer)

NAME AND ADDRESS/ BUSINESS TYPE	FROM	TO	POSITION HELD/ RESPONSIBILITIES	SALARY	REASON FOR LEAVING
				Present Salary Expectation:	

NAMES AND ADDRESSES OF TWO INDEPENDENT REFEREES (NOT RELATED) Preferably previous Supervisors

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GENERAL INFORMATION

Are you prepared to travel in Ireland? Yes/No

Overseas? Yes/No

Would you be prepared to work overtime if required? Yes/No

Shift? Yes/No

Are you prepared to make overnight stays if required? Yes/No

Have you ever been convicted of an offence against the law? Yes/No

If 'Yes' give particulars

Have you any relative employed in Dairymaster? Yes/No

Give details

How did you hear about this vacancy?

Do you require a work permit? Yes/No

HOBBIES AND INTERESTS (including clubs, societies etc.)

Briefly, what are your hopes or plans for your future career?

DECLARATION

I declare that I am 16 years of age or above and that, to the best of my knowledge, the information provided on this application form is complete and correct. I understand that if I am offered the job any false or misleading information would lead to withdrawal of this offer, or dismissal if I have commenced employment.

SIGNED:

DATE:

INTERVIEW NOTES:

(Office use only)

DATE:

It is important to bring all relevant documentation, including original examination certificates, driving licences, etc., to interview for inspection.