

APPLICATION FORM

Please complete this form legibly and return it on or before the closing date specified in the advertisement.

Late applications will not be considered. **ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL.** Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary. All completed application forms should be returned to reception@maximusscreening.com.

If you are unable to return your application form via email please post your application form to RM Dungannon, 48 Coalisland Road, Dungannon, Co Tyrone BT71 6LA.

1. POSITION APPLIED FOR: _____ REF: _____

2. REFERRED BY: _____

For Office Use: Closing Date: _____ Date Received: _____

3. PERSONAL DETAILS:

Surname:	Telephone number (Home):
Forenames:	Telephone number (Mobile):
Postal Address:	E-mail Address:
Postcode:	National Insurance Number:

Do you have the right to work in the UK?

Note: the company will require proof of this right before an offer of employment can be confirmed – e.g. Birth Certificate and / or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996.

Yes

No

Do you have access to your own transportation?

Yes

No

3. EMPLOYMENT HISTORY

(Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	Dates of employment: From: To:	Job Title: Job Function/ Responsibilities:	Final wage /Salary and Reason for Leaving

Welcome! to our world



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4. EDUCATION

Level (e.g. GCSE's, A-Levels)	Subject/ name of course	Year	Grade attained

5. FURTHER AND HIGHER EDUCATION AND TRAINING

Name of Institution	Course / Subjects taken	Level	Year	Grade Obtained

FURTHER PERSONAL INFORMATION**6. HOLIDAYS**

Have you any holidays booked?	Yes	No
If yes, please state dates:		



7. CONVICTIONS

Have you ever been convicted of a criminal offence?	Yes	No
If yes, please state:		

8. ATTENDANCE AND TIMEKEEPING

a) Approximately how many days' sick have you taken in the last 12 month period?
b) How many days would you arrive to work late on a monthly basis?

9. REFEREES

Please give the names and addresses of two referees who are not related to you, who have the knowledge of your work experience and achievements. Where appropriate, at least one should be your present or last employer.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:

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Telephone Number:	Telephone Number:
Relationship:	Relationship:

10. DECLARATION

I hereby declare that all information given in this application is true & correct to the best of my knowledge. I understand that knowingly giving false information or holding back or not disclosing any material fact, may lead to disqualification or if appointed to dismissal.

Signed:

Date:

If you wish to provide additional relevant information please attach an additional sheet to the application form

Applications must be completed in full and returned before the closing date.

Late or incomplete applications WILL NOT be considered.

Note: 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.