

## APPLICATION FOR EMPLOYMENT

<b>Name:</b>					
<b>Address:</b>					
<b>Eircode:</b>			<b>Email Address:</b>		
<b>Phone (home):</b>			<b>(Mobile):</b>		
<b>Applying For:</b>	<b>Full Time</b>		<b>Part Time</b>		<b>Summer Work</b>
<b>Position Applied For:</b>					
<b>Where did you hear about this position?</b>					
<b>If referred by a Combilift Employee, please state who referred you:</b>					

**PLEASE CIRCLE THE CORRECT ANSWER TO THE BELOW QUESTIONS**

<b>Do you need a permit to work in the EU?</b>	Yes / No
<b>Do you have your own transport?</b>	Yes / No
<b>Do you hold a current Full Driving Licence?</b>	Yes / No
<b>Are there conditions under which you cannot work?</b>	Yes / No
<b>If YES, please give details:</b>	
<b>Have you record of serious or recurring illness, epilepsy, blackouts, etc?</b>	Yes / No

<b>If YES, please give details:</b>	
<b>If it is required at any time, that you undergo a medical examination by the Company Doctor, are you willing to do so?</b>	Yes / No
<b>Are you allergic to any materials or substances</b>	Yes / No
<b>If YES, please give details:</b>	
<b>Have you ever been convicted of a criminal offence?</b>	Yes / No
<b>If YES, please give details:</b>	
<b>Have you previously been employed by Combilift?</b>	Yes / No
<b>If YES, please give details:</b>	
<b>Have you any relatives employed by Combilift?</b>	Yes / No
<b>If YES, please give details:</b>	
<b>Can you work overtime when required?</b>	Yes / No
<b>Have you any relevant skills, experience or qualifications?</b>	Yes / No
<b>If YES, please give details:</b>	

## EDUCATION/TRAINING

Dates attended	Course Title	Training Provider

**HOBBIES / INTERESTS:**

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**CURRENT EMPLOYMENT**

<b>If presently employed please state notice required:</b>
<b>On what date would you be available to commence?</b>

**EMPLOYMENT HISTORY**

<b>Current/Last Employer:</b>	<b>Type of Business:</b>	
<b>Address:</b>		
<b>Position Held/Duties Performed:</b>		
<b>Date Started:</b>	<b>Date Finished:</b>	<b>Salary:</b>
<b>Reason for Leaving:</b>		
<b>Name of Manager:</b>		

<b>Previous Employer (1):</b>	<b>Type of Business:</b>	
<b>Address:</b>		
<b>Position Held/Duties Performed:</b>		

<b>Date Started:</b>	<b>Date Finished:</b>	<b>Salary:</b>
<b>Reason for Leaving:</b>		
<b>Name of Manager:</b>		

## REFEREES

**One must be a previous employer (if you have not been previously employed, please give details of two people who will give you a personal reference).**

Name:	Name:
Position:	Position:
Address:	Address:
Phone:	Phone:

I certify that the foregoing is a list of my last two employers. I agree that Combilift and its servants and agents are at liberty to contact all or any such former employers for references about me. I declare that the above information is complete and accurate. I understand that deliberate omissions or false or misleading information may lead to termination of any employment undertaken.

Signed: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

COMBILIFT IS AN EQUAL OPPORTUNITIES EMPLOYER

### Agreement to use my data

*I hereby freely give Combilift consent to process my personal data relating to my job application.*

*I also give consent for my data to be held on file for a period of 18 months, with a view to consideration for any suitable positions within the company.*

*I understand I can revoke my consent at any time by contacting Combilift.*

PRINT NAME: .....

Signature: .....

Date: .....

Please return completed application form to [careers@combilift.com](mailto:careers@combilift.com) or by posting it to;  
HR Manager,  
Combilift,  
Annahagh,  
Monaghan,  
Co. Monaghan.