

Munster Joinery UK Ltd Application Form

Dene Park Stratford Road Wellesbourne Warks CV35 9RY

First Name:	Position Applied For:
Surname:	Telephone No:
Address:	
Postcode:	Driving Licence: YES/NO
Email:	D.O.B:

Education (Please include the most recent first)

School Attended	Exams Passed & Subjects Taken	Start	Finish

Further Education (Please include college, professional/craft training)

School or College	Exams Passed & Subjects Taken	Start	Finish

Employment History (Start with the most recent and work backwards)

Employers Name	Type of Duties & Reason for Leaving	Start/ Finish

What is your present salary including bonus/overtime?	
Are you required to give notice?	Yes/No
If yes please state how many week/s:	
Have you ever been employed or sought employment with us?	Yes/No
If yes please state position and date/s:	
Do you have any friends or relatives who are currently employed by us?	Yes/No
If yes please state name/s:	
Where did you hear about our vacancies?	

Health Details

Have you ever had an accident that required medical attention?	Yes/No
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If yes, please give details

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?	Yes/No
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Please specify any special arrangements for work associated with any impairment

Please specify any special arrangements you will need to attend to interview

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer

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

Please list all absences from work in the past 12 months and the reasons for such absence

Criminal Record

Please note any criminal convictions that you have, if none then please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records

Please give details of at least two of your previous managers whom we can contact for a reference. No approach will be made to your current employer without your permission.

Company Name	Manager/Supervisor	Contact Telephone No.

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. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply for a disclosure of criminal records. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: _____

Date: _____

Office Use:	Date Received:	Date Interviewed:	Interviewed By:
	Position:	Rate of Pay:	2 nd Int.
	Start Date:	Dept:	