



APPLICATION FOR EMPLOYMENT



INVESTOR IN PEOPLE



Please return to the Personnel Department by:

HEAD OFFICE: 158 HARBOUR ROAD, KILKEEL, Co. DOWN, N. IRELAND BT34 4AU

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CURVED & FLAT TOUGHENED SAFETY GLASS





INVESTOR IN PEOPLE



Toughglass is an Equal Opportunities Employer and we welcome applications from all communities.

PRIVATE AND CONFIDENTIAL

Please complete in **BLOCK CAPITALS** and in **BLACK INK**

Applicant Reference Number:

Position applied for:

How did you hear of this vacancy? (include name of publication)

.....

A. PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss
(Please underline the first name that you use)

Address:

TelephoneNumber:

(Home):

(Business):

(Mobile):

Post Code:

Tick box if you do not wish to be contacted at work

Date of Birth: Age:

National Insurance No.:

Do you require a work permit for employment in the UK?

Yes/No

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: *Please give details of examinations attempted and results*

Name(s) and Address(es) of school(s) attended	Dates		Subjects / Courses Studied & Level	Examination Result / Grade Obtained
	From	To		

FURTHER AND HIGHER EDUCATION: *Please give details on all further and higher education since leaving school, including training courses and details of qualifications.*

University / College Attended	Dates		Subjects Studied Type of Training	Qualifications Obtained
	From	To		

Please outline any SPECIAL QUALIFICATIONS relevant to the requirements of the job. (e.g. possession of Forklift / HGV Licence or Word Processing and/or Spreadsheet proficiency, etc.)

C. EMPLOYMENT HISTORY

Please list previous positions held, starting with your present or most recent employer

Name(s) and Address(es) of Employer(s) and Nature of Business(es)	Dates		Position Held and Main Duties	Salary (include all benefits)	Reason for Leaving
	From	To			

E. SUPPLEMENTARY INFORMATION *(Delete as appropriate)*

Have you ever been convicted of a criminal offence (which is not a spent conviction under the Rehabilitation of Offenders legislation)? If yes, please give details:	Yes / No
Do you have a current driving licence? If yes, do you have any endorsements on your licence? If yes, please give details:	Yes / No Yes / No
Are you willing to work overtime and weekends when required?	Yes / No
How much notice are you required to give to leave your present employment?	

E. REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES WHO ARE NOT RELATED TO YOU, WHO WE CAN APPROACH FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR THIS JOB.

(One of these must be a current or previous employer).

Name:	Name:
Company Name:	Company Name:
Position:	Position:
Address:	Address:
.....
.....
Postcode:	Postcode:
Telephone No.:	Telephone No.:
<input type="checkbox"/>	<input type="checkbox"/>
<i>Tick in box if you do not wish your employer to be contacted before an offer of employment is made</i>	

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

Signed Dated

TOUGHGLASS HEALTHCHECK QUESTIONNAIRE

Name:

Address:

.....

Doctor's Name and Address:

.....

Please answer all the following questions:-

1. Have you at any time suffered from or had any symptoms of the following complaints:

**IF ANSWER IS YES, PLEASE GIVE
FULL DETAILS INCLUDING DATES**

- | | |
|--|----------------|
| a) Depression, anxiety state, nervous illness or breakdown: | Yes / No |
| b) General debility arising from overwork or from any other cause: | Yes / No |
| c) Fainting attacks, fits or any disease of the nervous system e.g. epilepsy: | Yes / No |
| d) Persistent cough, asthma, pleurisy, bronchitis or any other ailments of the lungs or chest: | Yes / No |
| e) Rheumatism, arthritis, gout, backache "disc" trouble, rheumatic fever, joint or tendon disorder e.g. tenosynovitis or repetitive strain injury: | Yes / No |
| f) Palpitations, shortness of breath, chest pains, raised blood pressure or other ailments of the heart or circulatory system: | Yes / No |
| g) Indigestion, diarrhoea, gastric or duodenal ulcers, gall stones, or any ailment of the stomach, intestines or liver: | Yes / No |
| h) Any ailment affecting the kidneys or bladder: | Yes / No |
| i) Diabetes, Anaemia or any blood or gland condition: | Yes / No |
| j) Ailment affecting the eyes (indicate if colour blind): | Yes / No |
| k) Ailment affecting the ears: | Yes / No |
| l) Ailment affecting the nose or throat e.g. Hayfever: | Yes / No |

- m) Varicose Veins, rupture or piles: Yes / No
- n) Any injury, operation or physical abnormality: Yes / No
- o) Skin disorder e.g. eczema, contact dermatitis: Yes / No
- p) Any illness not mentioned above: Yes / No
2. Are you now or have you recently been taking tablets, medicine, or drugs. If so what for: Yes / No
3. What is your average weekly unit consumption of alcohol. 1 unit = 1/2 pint of beer: Yes / No
4. Do you smoke? If yes how many per week? Yes / No
5. Do you need any special aids/adaptations to assist you:
- If shortlisted for Interview? Yes / No
 - For performing the job effectively, if successful? Yes / No

PLEASE ALSO PROVIDE THE FOLLOWING INFORMATION

1. The number of days/periods you have been sick during the last 12 months
2. Nature of illness
3. Are you allergic to penicillin, Tetanus, or any other medication?

ANY ADDITIONAL INFORMATION

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PLEASE READ CAREFULLY BEFORE SIGNING

1. I declare the above answers to be true and correct in every respect.
2. I understand and accept that if any of the information given by me in this questionnaire is incorrect or untrue, that the Company have the right to terminate my employment summarily.
3. Although I understand that I have the right to refuse, I hereby give my permission for the company or company doctor to approach my own medical examiner/practitioner for details of my medical history/records, should this be necessary.
4. I am prepared to undergo a full medical examination at the Company's request if this is required.

SIGNED

DATED