

# Paints & Components (Ballymoney) Limited

13a-17 Seymour Street, Ballymoney, Co. Antrim BT53 6JR

## APPLICATION FORM

Please complete thoroughly and fill in all information in **black ink and block capitals**. Incomplete application forms will be rejected at shortlisting stage.

Reference No:	CS/O2/18	To be returned by:	16 <sup>th</sup> March 2018
Position applied for: Counter Salesperson			

### PERSONAL DETAILS

Mr / Mrs / Miss / Ms Please delete as appropriate	First Names:	Surname (Block Letters):
Maiden name or names previously known by:	National Ins. No.:	
Home Address:		
Home/ Mobile/Work Telephone Number (s):		
E-mail Address:		
Current Driving Licence: YES / NO	Own Transport: YES / NO	
Currently Employed: YES / NO	Notice Required:	

### EDUCATION

Dates		Type of school attended, e.g. Grammar / Secondary (Do not name school attended)	Examinations taken, results obtained, subjects passed, scholarships and prizes
From	To		

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**FURTHER EDUCATION**

Dates		Name of College, University	Subjects studied	Examinations taken, results obtained, subjects passed, scholarships and prizes
From	To			

**ADDITIONAL TRAINING / PROFESSIONAL QUALIFICATIONS**

Dates		Awarding Body	Course title and content	Result
From	To			

## EMPLOYMENT HISTORY

Please list all your work history since completing full-time education, beginning with your present or most recent position.

### CURRENT EMPLOYMENT

Dates		Name of employer, address and nature of business	Position and main responsibilities	Starting & leaving salary	Reason for wanting to leave
From	To				

## EMPLOYMENT HISTORY

Please list all your previous work history beginning with your next most recent etc.

Dates		Name of employer, address, and nature of business	Position held and brief details of duties	Reason for leaving and leaving salary
From	To			

Please continue on a separate sheet if necessary

N.B. - All gaps in employment history must be accounted for

**INFORMATION IN SUPPORT OF YOUR APPLICATION**

The information provided in this section will be used to assess your application at the short listing stage, and your answers must demonstrate how your skills and experience meet the essential and desirable criteria specified in the advertisement or the information contained within the Application Pack (where applicable).

## REFERENCES

Please give the names of two referees, (not relatives) both of whom should be familiar with your work, one of which should normally be your current/or most recent employer and the other a previous employer.

Name:	Name:
Address:	Address:
Tel. No.:	Tel. No.:
Occupation:	Occupation:
Do we have your permission to contact this referee:	Do we have your permission to contact this referee:
<ul style="list-style-type: none"><li>• At any time *Y / N</li><li>• Only when a provisional job offer has been made *Y / N</li></ul>	<ul style="list-style-type: none"><li>• At any time *Y / N</li><li>• Only when a provisional job offer has been made *Y / N</li></ul>
* Please delete as appropriate	* Please delete as appropriate

In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom? YES/NO

Do you require a Work Permit or Workers Registration? YES/NO

If yes please provide details.

## ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

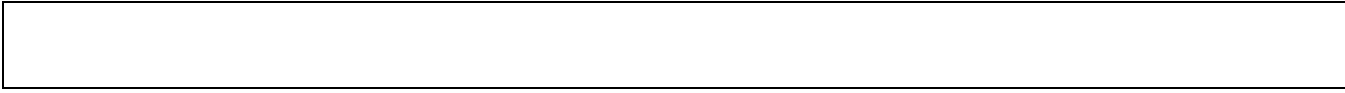
Please use this space for details of any hobbies/interests, and any other information you consider relevant:

Please give the dates, if applicable, of any holiday commitments or dates not available for interview:

**From:** ..... /..... /.....                      **To:** ..... /..... /.....

**From:** ..... /..... /.....                      **To:** ..... /..... /.....

Do you require any special arrangements to be made to assist you if called for interview? If yes please provide details.



**A 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.**

### **Data Protection Act**

I understand that the data contained in this application form and the “sensitive personal data” on the attached monitoring form will be retained on file and may be processed by the Company for use in connection with this application for employment, or to comply with any requirement of statutory legislation in order for the Company to comply with its legal obligations, and I hereby agree to any such processing by the Company. The Company will ensure that I am safeguarded against the possible misuse of any personal information about me that is kept on file by strictly controlling access and use. Such access and use will be in compliance with the Data Protection legislation and will be on a “need to know” basis only.

I declare that to the best of my knowledge and belief all the foregoing statements are true and complete.

Signature of applicant:

Date:

**CANVASSING WILL DISQUALIFY**  
**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**



## CONFIDENTIAL HEALTH QUESTIONNAIRE

Please note a YES answer does NOT mean you will be automatically rejected for employment. You should provide as much detail to your answer as possible.

Please delete as appropriate:

Do you suffer, or have you ever suffered from any chest disease, pain, angina or heart trouble or disease?	YES / NO
Do you suffer, or have you ever suffered from epilepsy, fits, blackouts, fainting or unexplained loss of consciousness?	YES / NO
Do you suffer, or have you ever suffered from head injuries leading to loss of consciousness requiring hospital admission?	YES / NO
Do you suffer, or have you ever suffered from gastric or duodenal ulcers?	YES / NO
Do you have any skin disease or have you ever suffered from the same?	YES / NO
Do you suffer, or have you ever suffered from any blood pressure anomalies or blood disorders?	YES / NO
Do you suffer, or have you ever suffered from a back injury or related complaint?	YES / NO
Do you suffer, or have you ever suffered from any eyesight problems? (i.e. any difficulty which is not corrected by spectacles or contact lenses) e.g. colour blindness, field defects, cataracts, glaucoma	YES / NO
Do you suffer, or have you ever suffered from any hearing problems?	YES / NO
Do you suffer, or have you ever suffered from recurrent headaches or migraine?	YES / NO
Do you suffer, or have you ever suffered from asthma, bronchitis, emphysema or any other lung disorder?	YES / NO
Do you suffer, or have you ever suffered from anxiety, depression, phobias, mental breakdown or stress related problems?	YES / NO
Do you have any disabilities which may need to be assessed in connection with your application? A disabled person is a person with a <i>'physical or mental impairment which has a substantial or long term effect on his/her ability to carry out normal day-to-day activities.'</i> Using this definition, would you consider yourself to be disabled?	YES / NO
Have you claimed for industrial injuries or received compensation at common law against a previous employer?	YES / NO
If you have answered YES to any of the above, please describe:	

Have you ever had any serious illness, Operation or Accident?	YES / NO
If YES, please give details:	
How many days absence have you had in the past two years?	..... Days
Are you currently under the care of a doctor or other medical professional or having any medical treatment or medication? If yes please specify:	
Is there any other matter concerning your health not covered by the above questions?	

Signature of applicant:

Date:

**PRIVATE AND CONFIDENTIAL**

Reference No:	
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**EQUALITY OF OPPORTUNITY**

*N.B. - This form is regarded as part of your application and failure to complete and return it will result in disqualification.*

We are an Equal Opportunities Employer. We do not discriminate on grounds of age, perceived religious or political affiliation, sex, marital status, disability, colour, sexual orientation, race or ethnic origin. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community of our employees, and applicants, as required by the Fair Employment (N.I.) Order 1998.

We are therefore asking you to give us extra information which will be treated in the strictest confidence, and used for monitoring purposes only. This extra form will not be filed with other details, as given on your application form.

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method, which means that we can make a determination on the basis of personal information on file / application form.

Whether or not you are from Northern Ireland, you should answer the question below by indicating which community or religious background you might be perceived to come from. Even if you no longer practice any religion, the aforementioned legislation still obliges us to classify your perceived community background/religious affiliation, in order to monitor the effectiveness of our policy on equality of opportunity.

We are therefore asking you to indicate your community background by ticking the appropriate box.

**Section A**

- I am a member of the Protestant Community [ ]
- I am a member of the Roman Catholic Community [ ]
- I am a member of neither the Protestant nor the Roman Catholic Community [ ]

**Section B**

- I am a Male [ ]
- I am a Female [ ]

**Section C**

Please tick as appropriate: -

White European [ ] Asian (Pakistan, Indian) [ ] Asian (China, SE Asia) [ ] Irish Traveller [ ]  
Other – please specify [ ]

**Section D**

Date of birth: (i.e. DD/MM/YY) \_\_\_\_\_

**N.B. - It is a criminal offence under the legislation for a person to 'give false information in connection with the preparation of the monitoring return'.**

Have you ever been convicted of a criminal offence, other than a spent conviction under the **Rehabilitation of Offenders Act 1974**? YES/NO

If Yes, please give details below: