

Please complete form and return to our head office address or alternatively e-mail completed form to tracey@hmelectrics.com . Closing date for acceptance of completed forms will be as advertised.

Position Applying for:	Location. H. M. Electrics Ltd. 95 Glen Rd Maghera BT46 5JG
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PERSONAL DETAILS

TITLE:		SURNAME:	
FORENAMES			
ADDRESS:			
COUNTY:		POSTCODE:	
HOME TEL:		MOBILE TEL:	
CSR Details:		UTR Number:	
National Insurance Number:			
E-MAIL:			
Are you currently eligible for employment in the U.K?	Yes	No	

REFERRAL DETAILS

How/where did you learn of this vacancy?	
Have you worked for the company before?	
If so, where and when?	

CURRENT (LAST) EMPLOYMENT DETAILS

EMPLOYER:			
TYPE OF BUSINESS			
DATE FROM:		DATE TO:	
POSITION HELD:			
Nature of work			

PREVIOUS EMPLOYMENT

EMPLOYER:			
TYPE OF BUSINESS			
DATE FROM:		DATE TO:	
POSITION HELD:			
Nature of work			

EMPLOYER:			
TYPE OF BUSINESS			
DATE FROM:		DATE TO:	
POSITION HELD:			
Nature of work			

EMPLOYER:			
TYPE OF BUSINESS			
DATE FROM:		DATE TO:	
POSITION HELD:			
Nature of work			

EMPLOYER:			
TYPE OF BUSINESS			
DATE FROM:		DATE TO:	
POSITION HELD:			
Nature of work			

EDUCATION INFORMATION

TYPE OF
SCHOOL

DATE FROM

DATE
TO

COURSE/EXAMINATIONS
PASSED

TYPE OF
SCHOOL

DATE FROM

DATE
TO

COURSE/EXAMINATIONS
PASSED

IT SKILLS

What IT skills do you have? (please tick)									
Word		Excel		Sage		Internet		E-mail	
Detail of others									

REFERENCES

NAME:	NAME:
POSITION/TITLE:	POSITION/TITLE:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TEL NO:	TEL NO:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

CRIMINAL CONVICTIONS

Have you previously been convicted of a criminal offence which has not yet been spent?	Yes		No	
If yes, please provide details of the offence(s) below.				
Date of Conviction				
Penalty Imposed				
<i>Failure to disclose a previous criminal conviction which is not spent may result in disqualification of an application, or after appointment – dismissal.</i>				

HEALTH

<u>Please detail any current or past medical conditions which would or have resulted in lengthy absence from work or school).</u>				
Are you registered disabled?	Yes		No	
If yes, please give brief details of your disability and any reasonable adjustments you may require if successful in obtaining this post:				

OTHER INFORMATION

Please provide here any other information that may assist your application, including why you believe yourself to be suitable for this job. (Training / Health and Safety Cards)	
Do you have any Annual Leave that you require us to honour?	
If so, please give dates:	
How many sickness days have prevented you from working due to sickness in the last 24 months?	
What are your hobbies/interests?	

The information on this application form will remain private and confidential and will be used for the purpose of selection/recruitment. Where the application is successful the company may from time to time thereafter, wish to process this information (as updated periodically) for personnel administration and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Acts 1984 and 1998. By signing this form you will be providing the company with your consent to these uses.

DECLARATION

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references.			
(Candidates who submit their application by email and who are subsequently invited to interview will be asked to sign their application at that stage).			
SIGNED:		DATE:	