

# Norbev Ltd Job Application Form

Post Applied for:

Ref Number:

Closing Date:

Please complete this form fully using black ink or type. C.V.s are not accepted. Applications received after the closing date will not normally be considered. Please demonstrate how you meet the criteria as advertised.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

## Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N<sup>o</sup>:

National Insurance N<sup>o</sup>: 

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N<sup>o</sup>:

Mobile Telephone N<sup>o</sup>:

E-mail address:

Can we contact you at work? Yes  No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes  No

Driving Licence – if relevant to post applied for. Do you hold a full, clean driving licence valid in the UK? Yes  No

Forklift Licence – if relevant to post applied for. Do you hold a current FLT licence? Yes  No

**If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.**

# Section 2 Present Employment

**Present Employment** (If now unemployed give details of last employer)

**Name of Employer:**

**Address:**

**Postcode:**

**Job Title:**

**Date of Appointment:**

**Salary:**

**Brief description of duties:**

Continue on a separate sheet if necessary

**Period of Notice:**

**Last day of service**  
(if no longer employed):

**Reason for leaving**  
(if no longer employed):

## Section 3 Previous Employment

**Previous Employment** (most recent employer first).

**Name of Employer:**

**Address:**

**Postcode:**

**Employed:**

**From:**

**To:**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

**Postcode:**

**Employed:**

**From:**

**To:**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

**Name of Employer:**

**Address:**

**Postcode:**

**Employed:**

**From:**

**To:**

**Position Held:**

**Summary of duties:**

**Reason for leaving:**

Continue on a separate sheet if necessary

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

## Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

## Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

## Section 6 Personal Statement

### Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the post as advertised. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

## Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

## Section 8 Health

All applicants will be required to complete a medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

## Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes  No

If yes, please give details:

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We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes  No

If yes, please give details:

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## Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone N <sup>o</sup> :	<input type="text"/>	Telephone N <sup>o</sup> :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes  No

Are you willing for this referee to be approached prior to the interview? Yes  No

# Section 11 Declaration

## Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

1. I confirm that the information given is complete and correct and that any untrue or misleading information will give my employer the right to terminate any contract offered.
2. I agree that the company reserves the right to require me to undergo a medical examination.

Signed:

Date:

Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Norbev Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

**Norbev Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.**

**If you are returning this form by email, you will be asked to sign your application at interview.**

## Media

Please state where you saw this post advertised

## For Office Use Only:

Shortlisted:		
Interview Date:		
Interview Notes / Appointment Details:		

## RETURNING THIS FORM



### By Hand or Post:

Human Resources  
Norbev  
100 Railway Street  
Ballymena  
Co Antrim  
BT42 2AF

### By E-Mail:

admin@norbev.net

### Enquiries:

Telephone: 028 2563 1717