



Newpark Industrial Estate
Greystone Road
Antrim
BT41 2RU
Tel. (028) 9442 8288
Fax (028) 9442 8244

SAM LTD. APPLICATION FORM

Position Applied For: _____		
Job Ref No. _____		Monitoring Ref. No. _____
Title: _____	Surname: _____	
Forename: _____		
Permanent Address: _____ _____		
Postcode: _____	Telephone No: _____	Mobile No: _____
Email Address: _____		
Current Address (if different) _____		
Postcode: _____	Telephone No: _____	
Date of Birth: _____	National Insurance No: _____	
Have you previously been employed by this company?		Yes / No
If so, when?		
How much notice does your current employer require?		

REFEREES

Please give the names of two people who may be contacted for a reference – at least one must be a previous employer	
Name	Name
Address	Address
Tel.	Tel.
Position:	Position:
Organisation :	Organisation :

QUALIFICATIONS

Type of Exam (GCSE, A-Level, Degree, etc)	Date Taken	Subject	Grade

DETAILS OF CURRENT AND PAST EMPLOYMENT: State most recent first

Name, address and nature of business	From – To	Position held incl. duties / Rate of pay	Reason for leaving
		Position : _____ £ _____	
		Position _____ £ _____	
		Position _____ £ _____	

Name, address and nature of business	From – To	Position held incl. duties / Rate of pay	Reason for leaving
		Position _____ £ _____	
		Position _____ £ _____	
		Position _____ £ _____	
		Position _____ £ _____	
		Position _____ £ _____	

Continue on separate sheet if necessary

Please give details of interests and hobbies etc	
Do you hold a current driving license?	Yes/No
Do you have use of a car?	Yes/No
Have you ever been convicted of any criminal offence, or has any charge been brought against you in respect of any offence not yet disposed of?	Yes/No
If yes, please give details	
I hereby declare that all the information given in this application is correct to the best of my knowledge and I realise that any wilful mis-statement will render me liable to dismissal if engaged	
Signed: _____	Dated: _____

When complete this application form should be returned to:

The Monitoring Officer
Springfarm Architectural Mouldings Limited
Newpark Industrial Estate
Greystone Road
Antrim
BT41 2RU

Completed applications must be returned before the closing date specified

Late applications will not be considered

If you have any queries please contact the Human Resources Manager

FOR OFFICE USER ONLY

APP RECD	
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FEC	

SPRINGFARM ARCHITECTURAL MOULDINGS LTD

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the Company so that a medical examination can be carried out.

PERSONAL DETAILS:

Post Applied for:			
Surname:		Forename/s	
Date of Birth:		Telephone:	
Name & Address of GP			

1. OCCUPATIONAL HEALTH - If you answer 'Yes' to any questions below please give further details.

Have you been registered disabled/received a disability pension?	Y	N
If Yes, what is the nature of your disability		
Do you have any impairment which may affect your ability to work safely?	Y	N
Have you ever been refused or dismissed from employment for health reasons?	Y	N
Have you ever been made ill or injured by your work?	Y	N
Have you ever taken a compensation claim against an employer for injury/ill health?	Y	N
Have you ever been refused a driver's license because of ill health?	Y	N
How many days/weeks sickness absence have you had in the last 12 months?		
How many days/weeks sickness absence have you had in the 12 months prior to that?		

2. MEDICAL HISTORY - If you answer 'Yes' to any questions below please give further details

What is your height?				What is your weight?		
Do you consume Alcohol?	Y	N	If yes, how many units in a week?			
Do you smoke?	Y	N	If yes, how much do you smoke in a week?			
Do you ever wear glasses or contact lenses?	Y	N				
Are you currently being prescribed or do you regularly take medicine?	Y	N				
Are you currently under the care of a doctor or other medical professional?	Y	N				
Have you ever had an operation?	Y	N				
Have you ever been seriously injured?	Y	N				
Have you ever received in-patient treatment for a physical or medical condition?	Y	N				
Are you waiting for any hospital treatment or investigations at the moment?	Y	N				
Have you ever worked in a dusty trade?	Y	N				
When did you last consult your GP and why?						
What is your current state of health?						

Do you suffer from or have you ever suffered from any of the following - If you answer 'Yes' to any questions below please give further details

Allergies	Y	N	Diabetes	Y	N	Jaundice/hepatitis	Y	N
Anaemia	Y	N	Epilepsy/fits/blackouts	Y	N	Joint problems	Y	N
Anxiety/Stress	Y	N	Fainting or dizziness	Y	N	Nerve problems	Y	N
Arthritis	Y	N	Gynecological problems	Y	N	Period/prostate problem	Y	N
Asthma/Bronchitis	Y	N	Headaches/migraines	Y	N	Rheumatic Fever	Y	N
Back/Neck/Shoulder problems	Y	N	Head injury	Y	N	Sight/eye problems	Y	N
Breathing difficulties	Y	N	Hearing/ear problems	Y	N	Skin problems	Y	N
Chest/lung problems	Y	N	Heart problems	Y	N	Stomach/bowel problems	Y	N
Cough (persistent)	Y	N	Hernia/Rupture	Y	N	Swelling of ankles/legs	Y	N
Depression	Y	N	High blood pressure	Y	N	Varicose veins	Y	N
Any other ailments :								

If you have answered yes to any question in 2 or 3 above please give further details below.

To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate I am liable for dismissal.

Signed: _____ Date: _____

SPRINGFARM ARCHITECTURAL MOULDINGS LIMITED
STATEMENT OF RELIGION

FEC NO. _____
JOB REF NO. _____

The information provided on this form will be removed by our Monitoring Officer prior to consideration of your application

We are an Equal Opportunity Employer, committed to ensuring that the talents and resources of all our employees are utilised to the full. We will not discriminate unfairly against any individual in matters of recruitment or selection for any position, promotion, development or training on the grounds of gender, marital or family status, sexual orientation, religious belief, political opinion, disability, colour, nationality, race or ethnic origins.

In order to demonstrate our commitment to equality of opportunity and meet our obligation under Fair Employment legislation we are required to monitor the religions affiliation and sex of all job applicants.

The information you are asked to supply below will be treated in the strictest confidence and protected for misuse. This information will not be available to any one making decision about your application and will be used for monitoring purposes only.

Please indicated the community to which you belong by ticking the appropriate box below:

1. I am a member of the Protestant Community
2. I am a member of the Roman Catholic Community
3. I am a member of neither the Protestant or Roman Catholic Community

Please indicate your gender by ticking the appropriate box below:

1. I am a male
2. I am a female