THIS APPLICATION MUST BE COMPLETED BY THE JOB APPLICANT IN HIS OR HER OWN HANDWRITING



## **EMPLOYMENT APPLICATION FORM**

(SLANEY FOODS INTERNATIONAL IS AN EQUAL OPPORTUNITIES EMPLOYER)

		APPLICATION	N FOR EMPLOY	MENT AS:	
	SEASONAL		FULL TIME	PART TIME	
	n of information	on this application	•	nowledge. I understand the of my obtaining employm	•
APPLICANT'S	SIGNATURE:			DATE:	

PLEASE RETURN COMPLETED APPLICATION FORM TO:

**HUMAN RESOURCES DEPARTMENT,** SLANEY FOODS INTERNATIONAL, RYLAND LOWER, BUNCLODY, **CO. WEXFORD Y21 E1T6, IRELAND** 

T: (00)353 53 93 77155 F: (00)353 53 93 76622 E: HR@slaney.com W: www.slaney.com

## PERSONAL DETAILS (BLOCK CAPITALS) (Tick ( ) as Appropriate)



TITLE: NAME:		SURNAME:								
ADDRESS:										
CONTACT:		MOBILE:								
NATIONALITY:		PPS NO:								
EDUCATION & TRAINING: (Please continue on a separate sheet if necessary)										
NAME OF SCHOOL / COLLEGE	QUALIFICATIONS	SUBJECTS								
WORK EXPERIENCE (Please continue on a separate sheet, if necessary)										
NAME EMPLOYER	DATE	MAIN DUTIES & REASON FOR LEAVING								

## **GENERAL INFORMATION**



CURRENT DRIVING LICENCE	E: NO:  FULL	PROVISIONAL	CLASS:							
ENDORSEMENTS:	YES: NO:	If yes, please give details:								
PRESENT SALARY:		NOTICE REQUIRED:								
(incl. Bonus etc.)		NOTICE REQUIRED.								
WHEN ARE YOU AVAILABLE	FOR EMPLOYMENT?									
HAVE YOU BEEN EMPLOYED OR PREVIOUSLY SOUGHT EMPLOYMENT WITH THIS COMPANY? YES: ☐ NO: ☐										
HAVE YOU BEEN CONVICTE	YES:	NO: □								
If yes, please give details:										
ARE THERE ANY RESTRICT	IONS ON YOUR RIGHT TO	WORK IN THIS COMPANY	(?	YES: □	NO: 🗆					
If yes, please give details:										
PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION ABOUT YOURSELF, YOUR EXPERIENCE, AND WHY YOU FEEL YOU WOULD BE SUITABLE FOR THIS JOB.										
PLEASE GIVE NAME, COMP. FOR REFERENCE. NO APP										
Name of Referee	Company		Conta	act No:						