

56 Craigmore Road,
Ringsend,
Garvagh,
BT51 5HF

Tel: 028 7086 8844

# **APPLICATION FORM**

## **FULL & PART TIME EMPLOYEES**

## **PRIVATE & CONFIDENTIAL**

	For Office Use Only
Name:	
Branch:	
Ref No:	HGVD/07/16/

# **APPLICATION FOR EMPLOYMENT**

#### **PRIVATE & CONFIDENTIAL**

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

Referen	ce No:	HG\	/D/07/16/_	7	Го be re	be returned by:		5.00pm Friday 15th July 2016		
Position applied for: Cla			2 HGV D	river	Fı		II Time		Part-time □	
			F	PERSON	AL DET	AILS	5			
Mr / Mrs / Miss / Ms First Names: Please Tick as appropriate				es:	Surname (Block Letters):					
Maiden na	me or name	es previou	ısly known b	py:	Nationa	l Ins. N	lo.:			
Home Address:										
Home/ Mo	obile/Work	Telephor	e Number (	(s):						
E-mail Add	ress:									
Current Dr	iving Licence	<u>:</u>	YES	/ NO	Current	ly Empl	oyed:			YES / NO
Licence Car	tegories:				Notice I	Require	ed:			
Own Trans	port:		YES	/ NO	Potentia	l Start I	Date:			
Current Sa	lary:				Salary Ex	kpectati	ions:			
				EDU	CATIO	N				
Da	Dates <u>Type</u> of school attended, e.g. (									
From	То	/ Second	Secondary (Do not name school			subjects passed, scholarships and prizes				
			FU	JRTHER	EDUC	ATIO	N			
Dates From To			e of College, Subjects niversity					tions taken, results obtained, vassed, scholarships and prizes		
							, F	,		,

#### **EMPLOYMENT HISTORY**

Please list all your work history for the last 3 years, beginning with your present or most recent position AND any other experience which you feel has specific relevance beyond 3 years.

Dates		Name of employer, address,	Position held and wage	Reason for		
From To		and nature of business		leaving		
	-			3		
Please continue on a separate sheet if necessary						

Please continue on a separate sheet if necessary

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

#### **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:  • At any time	Do we have your permission to contact this referee:  • At any time  • Only when a provisional job offer has been made  * Y/N  * Please tick as appropriate			
In line with the Asylum & Immigration Act 1996, applications without restrictions. Do you have the right to take up				
Do you require a Work Permit or Workers Registration	on? YES/NO			
If yes please provide details.				
Have you ever been employed by Coleraine Skip Hire	& Recycling Limited T/A RiverRidge Recycling before?			
(If Yes please give details) YES/N				
Next of Kin				
Name:	Relationship:			
Address:				
Home Telephone:	Mobile Telephone:			

### ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

The information provided in this section will be used to assess your application at the short listing stage, therefore you must demonstrate below what qualities, attributes and skills you could bring to Riverridge Recycling using examples from your past experience.
Essential Criteria
Must hold a Clean and Valid Class 2 / Category C Driving Licence
Full driver CPC qualification
Valid digital tachograph driver card
Previous experience of multi-drop and multi-collection
Good numeracy / literacy and interpersonal skills
Sound geographical knowledge of Northern Ireland
Desirable Criteria     Counterbalance Forklift Certification
Manual Handling / Confined Space / First Aid Training
Previous experience within a waste management environment

Please use this section to detail any hobbies or interests you have and any other information which you feel relevant in support of your application:				
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 me provide details.	nade to assist you if called for interview? If yes please			
A candidate found to have knowingly give any material fact will be liable to disqual	ren false information or to have wilfully suppressed ification, or, if appointed, to dismissal.			
<u>Data</u>	Protection Act			
monitoring form will be retained on file and may application for employment, or to comply with any to comply with its legal obligations, and I hereby will ensure that I am safeguarded against the possi	cation form and the "sensitive personal data" on the attached be processed by the Company for use in connection with the prequirement of statutory legislation in order for the Company agree to any such processing by the Company. The Company ble misuse of any personal information about me that is kept of access and use will be in compliance with the Data Protectionally.			
I declare that to the best of my knowledge and bel	lief all the foregoing statements are true and complete.			
Signature of applicant:	Date:			
CANVASSII	NG WILL DISOUALIFY			

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

#### PRIVATE AND CONFIDENTIAL

FRIVATE AND CONFIDENTIAL					
Reference No:	HGVD/05/16/				
EQUALITY OF C	OPPORTUNITY				
N.B This form is regarded as part of your application.	cation and failure to complete and return	it will			
We are an Equal Opportunities Employer. We do no political affiliation, sex, marital status, disability, colour, equality of opportunity in employment and select the best	sexual orientation, race or ethnic origin. W				
To demonstrate our commitment to equality of opportur our employees, and applicants, as required by the Fair Emp		nmunity of			
We are therefore asking you to give us extra information for monitoring purposes only. This extra form will not be					
If you do not complete this questionnaire, we are encour can make a determination on the basis of personal information	J ,	ns that we			
Whether or not you are from Northern Ireland, you community or religious background you might be percereligion, the aforementioned legislation still obliges us to affiliation, in order to monitor the effectiveness of our pole	eived to come from. Even if you no longer proclassify your perceived community backgroun	ractice any			
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 C	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 to connection with the preparation of the monitoring	· ·				
Have you ever been convicted of a criminal offence, other of Offenders Act 1974?	r than a spent conviction under the <b>Rehabilitat</b> YES/NO	ion			
If Yes please give details below:					