



JOB APPLICATION FORM

**Ashbourne Meat Processors
Naas Industrial Estate,
Naas,
Co. Kildare
045 875400**

Personal History

First Names: _____ Surname: _____

Date of Birth: _____ Country of Birth: _____

Country of Passport: _____ Passport No: _____

If Non-EU national permit must be attached: _____

Permit No: _____

Permit Expiry date: _____

***** Original Passport/Permit must be supplied along with this application form and a copy taken for the file *****

Phone No.: _____ Bank IBAN: _____

No of children: _____ Mothers maiden name: _____

PPS No. _____ E-mail: _____

Please tick the relevant box: Single Married Separated Divorced

Educational Background

Schools Attended

From Age

To Age

Examination – Subjects – Results

Details of any education or training courses attended, skills acquired, whether full or part time.

Previous Employment to Date

Employer Name & Address	Type of Business	Position	Wage
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Please supply name & address of two people from whom references may be sought:

Please state all languages spoken.

Please write a brief account of yourself mentioning any points of interest such as reference to specialised areas. Indicate also hobby and leisure interests.

Have you ever been convicted of a criminal offence?

Do you know anyone who has worked or is currently working for Ashbourne Meats?
If yes, please state relationship

Prior to Starting work as Ashbourne Meats Please be aware of the Key polices in place for all Employees. Notably the Bullying & Harassment policy, the Grievance Policy, the Disciplinary Policy and the all the Food Hygiene Policies together with our Health and Safety Statement. Please find details of this on the company notice board or please ask your manager/supervisor if you are unsure of any details prior to commencement of work. Understanding all of this will lead to a better work environment

Health and Medical

Have you ever suffered from any serious illness or disease? If yes, please give details:

Please indicate if you have suffered from any of the following:

Asthma	<input type="checkbox"/>	Back pain (see below)	<input type="checkbox"/>				
		Blackouts	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>		
Allergies	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Rashes	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Joint Pain	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>
Eye infections	<input type="checkbox"/>	Ear infections	<input type="checkbox"/>	Fits	<input type="checkbox"/>	Nervous Disability	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Para-Typhoid	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>
Pleurisy	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	Repeated Sore Throats	<input type="checkbox"/>	Repeated Cold & Flu	<input type="checkbox"/>

Sight: Eye Glasses Yes No
 Contact Lenses Yes No

Hearing: _____

Have you had any operations? Yes No

If yes, please give details: _____

Are you taking any pills, drugs, medicines at present? Yes No

If yes, please give details: _____

Last medical exam: _____

Last Chest X-ray: _____

Back pain – please describe cause of pain and you have had any operations or scans in respect of same : _____

Declaration:

I declare that all the information contained here is true and accurate and understand that misleading statements may be sufficient grounds for cancelling any agreements made or may lead to dismissal. I also understand that questions left unanswered may be discussed at interviews arising from this application.

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Understanding all of this will lead to a better work environment.

Signed: _____

Address: _____

Date _____