



## RYOBI ALUMINIUM CASTING (UK), LIMITED

### APPLICATION FOR EMPLOYMENT

5 MEADOWBANK ROAD, TROOPERSLANE IND. ESTATE,  
CARRICKFERGUS, CO. ANTRIM, N. IRELAND, BT38 8YF

TEL: (028) 9335 1043 FAX: (028) 9336 5644

E-mail: jobs@ryobi.co.uk

**CONFIDENTIAL**

SURNAME:		FIRST NAMES:				
JOB REFERENCE NUMBER:		JOB APPLIED FOR:				
ADDRESS			TELEPHONE NUMBER			
POSTCODE:			HOME:			
			BUSINESS:			
NEXT OF KIN:		RELATIONSHIP:				
ADDRESS (if different from above)		TELEPHONE NO.				
POSTCODE:						
Do you hold a current driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have your own transport? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If required, would you be prepared to work:	Day shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	8 hour shifts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Evening shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	12 hour shifts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Night shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Overtime	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Rotating shift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Weekends	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any serious illnesses or operation? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Give brief details:						
Have you ever had an injury at work? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Give brief details:						
Have you ever suffered from any industrial disease caused by your work? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Give brief details:						
Have you ever made any claim for compensation from an employer? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Give brief details:						
Have you any convictions? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Give brief details:						
How many days have you been ill in the past year?						
How many days have you been absent from work in the past year?						
How soon could you start work if offered employment?						

EDUCATION – Type of College, University attended (DO NOT GIVE NAME)	QUALIFICATIONS OBTAINED Where applicable include subjects and grade achieved.
PRIMARY	
SECONDARY/GRAMMAR	
COLLEGE	
UNIVERSITY	
Have you served an apprenticeship?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Give details of training courses attended:	
Give details of Professional Qualification/Membership of Professional Organisation and Institutes.	

**PREVIOUS REVELANT & PRESENT EMPLOYMENT**

(Begin with your present or last employer)

FROM		TO		EMPLOYER'S FULL NAME & ADDRESS AND NATURE OF BUSINESS	POSITION HELD	RATE OF PAY	REASON FOR LEAVING
MTH	YR	MTH	YR				

Continue on an additional sheet if necessary.

Describe the responsibilities of your present job (or previous job if you are currently unemployed)

Describe your interests outside work. (Hobbies, societies, sports, etc. give details of any posts of responsibility held)

**REFERENCES**

Give the names of two persons to whom we may apply to for references, one of whom should be an employer. Your present employer will not be contacted without your prior permission.

NAME

ADDRESS

TEL. NUMBER

OCCUPATION

NAME

ADDRESS

TEL. NUMBER

OCCUPATION

“I hereby request that previous employers contacted by Ryobi Aluminium Casting (UK) Limited in connection with the application fully respond to all enquiries concerning such previous employment, and specifically waive prior written notice of disclosure of (my) personnel record information including disciplinary reports, letters of reprimands or other disciplinary action in consideration of the acceptance of (my) application. I release Ryobi Aluminium Casting (UK) Limited and previous employers of any claimed liability arising out of such response and disclosure.”

I certify that all the information I have given is correct. I understand that any false information given may result in any job offer being withdrawn.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: PLEASE ENSURE YOU HAVE FULLY COMPLETED ALL SECTIONS OF THE FORM.**

This box is for Company use only.

APPLICATION SERIAL NUMBER:

JOB REFERENCE NUMBER:

# **RYOBI** RYOBI ALUMINIUM CASTING(UK), LIMITED

## EQUAL OPPORTUNITES MONITORING

Ryobi Aluminium Casting (UK) Limited is committed to equality of opportunity for all job applicants regardless of sex, disability, martial status, or religious affiliation. The Company selects those suitable for employment and advancement solely on the basis of merit.

We want to demonstrate our commitment to equality of opportunity and to do this we need to monitor our job applicants and employees. We are therefore asking you to complete the following information on this form for monitoring purposes.

- 1. Sex                                      Male       Female
- 2. Martial Status                      Single       Married            Other
- 3. Are you a registered disabled person?      Yes       No
- 4. Please indicate the community to which you belong by ticking the appropriate box below.
  - 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 Catholic community
- 5. Date of Birth: Day                      Month                      Year

The information given in this statement will be treated in the strictest confidence and will not be used for any purpose other than statistical monitoring of equal opportunities within the Company.

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS OF THE FORM