



REF:

CREAGH
INNOVATION IN CONCRETE

Application form

Position applied for

Contact details:

Surname	
First Name	
Address	
Email Address	
Contact Number	

Employment Details (starting with most recent employer):

Employer Name	Employment Dates	Position & Main Duties	Salary

Education History (starting with most recent studies):

Course / Subject	Qualification / Result obtained

Personal Statement:

Please supply any other information you feel could assist your application

Criminal History:

Please give details of any convictions for criminal offences which are not regarded as 'spent' convictions under the Rehabilitation of Offenders NI Order (1978). Include nature of offence and sentence.

Character reference

Please give details of 2 referees who would be able to supply a character reference in support of your application if necessary.

Referee 1 Name	
Occupation	
Company / Organisation	
Contact number	

Referee 2 Name	
Occupation	
Company / Organisation	
Contact number	

Documentation:

Please confirm which of the following you have (tick relevant box):	Yes	No
Do you hold a current driving licence?		
British Passport or UK birth certificate		
EEC passport or identity card		
Non-European passport with work visa		
Certificate of registration as a British Citizen		

Declaration:

To the best of my knowledge, the information I have given in this application form is true and correct. I understand that if found to have knowingly given false information or to have suppressed any material facts, I shall be liable to disqualification or if appointed, dismissal.	
Signed:	Date:

Medical Questionnaire

This medical questionnaire is designed to help assess if you have any health condition(s) which the employer should be aware of. Applicants may be asked to attend a pre-employment medical examination. Please tick below to indicate your current or past medical history.

Do you or have you suffered from any of the following?

Medical Condition	Yes	No
Dermatitis or any other skin problems		
Neck, back pain/ discomfort or tendonitis (work related upper limb disorders WRAULD)		
Epilepsy, fainting, blackouts or dizziness		
Arthritis		
Hearing or sight impairments		
Stress/Depression/Anxiety		
High blood pressure/Heart conditions		
Physical or speech defects		
Alcohol or drugs related problems		
Chest disorder, lung disorder or symptoms of Silicosis		
Stomach Problems		
Diabetes		
Any vibration syndrome such as whole body vibration (WBV), hand and arm vibration (HAVS) or vibration white finger (VWF)		
Any other illness or physical condition		
Any asbestos related symptoms i.e. lung cancer or mesothelioma		

If you ticked 'Yes' to any of the above questions please give brief details below?

If you are currently taking any form of medication please give details :

I declare that the information I have given in this medical questionnaire is true and correct. I understand that if I am found to have knowingly given false information or to have suppressed any material facts, I shall be liable to disqualification or if appointed, dismissal.

Signed:

Date:



Please return completed application form to:

CREAGH CONCRETE PRODUCTS LTD

Human Resources Department, 38 Blackpark Road, Toomebridge, Co. Antrim, BT41 3SL.

Or by emailing completed form to: recruitment@creaghconcrete.com



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Equal Opportunity Monitoring Form

Creagh Concrete are an equal opportunities employer. We practice equality of opportunity in employment and select the best person for the job.

Under the Fair Employment and Treatment (NI) Order 1998 we are required to monitor the religious background of all our employees and applicants.

Please complete the following information. Your answers will be treated in the strictest confidence and your monitoring form will be processed separately from your application.

Candidate Name	
Date of Birth	
Gender Identity	
Ethnic Origin	

Asian or Asian British
Mixed
Indian
White and Black Caribbean
Pakistani

White and Black African
Bangladeshi
White
White and Asian
Any other Asian background

Any other mixed background
Black or British Black
British
Irish / Northern Irish
Caribbean

African
Any other black background
Any other white background
Chinese
Any other

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background 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 or the Roman Catholic Community	

Disability

Under the Disability Discrimination Act 1995, a person is deemed to be disabled if he or she has a physical or mental impairment which has a substantial and long- term adverse effect on his or her ability to carry our normal day-to-day activities.	Yes	No
Do you consider yourself a disabled person?		

If you have answered 'yes', please indicate the nature of your impairment by ticking the appropriate box or boxes below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical Impairment, such as difficulty using your arms or mobility issues | <input type="checkbox"/> Mental Health Condition, such as depression or schizophrenia | <input type="checkbox"/> Long Standing Illness or Health Condition, such as heart disease |
| <input type="checkbox"/> Sensory Impairment, relating to sight, vision or hearing | <input type="checkbox"/> Learning Disability or Cognitive Impairment, such as Autism | <input type="checkbox"/> Other (please specify) |