



# APPLICATION FORM

Title of Position Applied for: .....

Ref No: ..... Date: .....

## Personal Information

Mr  Ms  Miss  Mrs

First Name: ..... Last Name: .....

Telephone (1): ..... (2): ..... D.O.B.: .....

Address: ..... Post Code: .....

E Mail Address: ..... National Insurance No.: .....

Do you have a current driving licence? No  Provisional  Full  HGV Cat C   
 Cat CE

Have you had any driving convictions (including penalty points)? Yes  No

If yes please give details.....

Do you need a work permit to work in the UK and Ireland Yes  No

If yes, do you have one? Yes  No

Have you previously applied for a position within the PRM Group of Companies: Yes  No

If yes please state: .....

Are you related in any capacity to an employee within the PRM Group of Companies: Yes  No

If yes please state: .....

## Education

Type of school, College of Further Education or University	Date of Attendance

## Particulars of Qualifications obtained – (GCSE, GCE, CSE, GNVQ, HND, Degrees, Professional Body Membership, etc.)

Year	Examining Body	Subject	Mark or Grade

*Should you be successful you will be required to produce official proof of any qualifications which you may rely on to support your application*

Employment History			
Name and Address of Employer	Start & Finish Dates	Position & Brief Description of Role	Salary on Commencement and Current

*(Continue on a separate page if needed)*

**Competencies, Skills & Experience** (Please outline below how you feel you meet the criteria for this job)

*(Please use additional sheets if necessary)*

**Please outline any other skills, training or achievements which you feel may support your application**

*(positions or responsibilities held, awards, etc.)*

## Training

If relevant to the job you are applying for, Please tick any of the following you may have been trained at or worked in:

- |  |   |
|--|---|
| <input type="checkbox"/> Picking                         | <input type="checkbox"/> Forklift Truck - Reach           |
| <input type="checkbox"/> Loading                         | <input type="checkbox"/> Forklift Truck - Counterbalance  |
| <input type="checkbox"/> Chilled Environment             | <input type="checkbox"/> Hand Pallet Truck                |
| <input type="checkbox"/> Freezer                         | <input type="checkbox"/> Power Pallet Truck               |
| <input type="checkbox"/> Stock Takes                     | <input type="checkbox"/> HACCP Training                   |
| <input type="checkbox"/> Multi-Drop Deliveries           | <input type="checkbox"/> Manual Handling                  |
| <input type="checkbox"/> Pallet Deliveries               | <input type="checkbox"/> Manual Handling Instructor       |
| <input type="checkbox"/> Temperature Controlled Vehicles | <input type="checkbox"/> Health & Safety Awareness        |
| <input type="checkbox"/> Articulated Vehicles            | <input type="checkbox"/> Basic Food Hygiene / Food Safety |
| <input type="checkbox"/> Handball                        | <input type="checkbox"/> First Aid                        |

(Please state the date beside any you have received training for)

Have you ever been convicted of or found guilty of, any criminal offence by a court? Yes  No

If yes 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 offences and sentence)

## Referees (One must be your current or most recent employer (if any))

Name: .....	Name: .....
Position Held: .....	Position Held: .....
Address: .....	Address: .....
.....	.....
Contact No: .....	Contact No: .....
Email: .....	Email: .....

### Reference to your current employer

Have you given your current employer as a referee? Yes  No

If 'yes' may they be contacted? Yes  No

### Employment:

If offered this position will you continue to work in any other capacity? Yes  No

Give Details:

.....

Notice required to terminate present position: .....

### Requirements:

If your application is successful, do you require any reasonable adjustments to be made or facilities provided to enable you to attend an interview or to carry out the job for which you are applying?

Other			
Have you ever:	No	Yes	Please give details
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been denied a driver's licence because of ill health?			

B. Do you suffer from or have ever had:

Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy/fits	Yes <input type="checkbox"/> No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin rashes/eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nerve Trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please give details of any serious illness, injury, operation or disability or of any recurrent illness of a minor nature.

Please note that if you are selected for the post you may be required to complete a Health Declaration Form and may have to attend a medical examination.

**Final Declaration**

I understand that the information contained in this form is personal data, which will be held on computer, and, if I am appointed; further information about me will be computerised for personnel administration purposes, including analysis for management purposes and statutory returns and that such data is subject to the Data Protection Act 1998 and GDPR Act 2018.

I authorise for references to be carried out in conjunction with any offers of employment. This information will be used for PRM Group purposes only and will not be shared with third parties.

I have completed this application form accurately and truthfully. I have not withheld any information that could reasonably be considered relevant to my application.

I understand that the appointment, if offered, will be subject to the information on this application form being correct.

I understand that providing false information with regard to this application shall disqualify me from such appointment, or if discovered after employment, may lead to dismissal.

*You should return the form as a hard copy to*

HR Department, PRM Group, Rathdown Road, Lissue Industrial Estate, Moira Road, Lisburn, BT28 2RE

Or electronically to [hr@prmgroupp.co.uk](mailto:hr@prmgroupp.co.uk)

*PRM Group does not acknowledge receipt of applications*

Signature : ..... Date: .....



Ref. No.:.....

CONFIDENTIAL

### EQUAL OPPORTUNITY MONITORING FORM

PRM Group is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunity Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the relevant Codes of Practice.

**Sex:** Male  Female       **Date of Birth** ..... / ..... / .....

**Marital Status:** Married  Single  Divorced  Separated

Other: ..... (Please Specify)

**National Insurance Number:** .....

**EU National:** Yes  No

**Ethnic Origins:** White  Indian  Pakistani  Bangladeshi   
 Chinese  Black African  Black-Caribbean  Irish Traveller

*Please Note: Ethnic Origin does not refer to nationality, place of birth or citizenship, but is about race and broad ethnic group.*

Black-Other: ..... (Please Specify)

Other: ..... (Please Specify)

#### Disability Discrimination Act 1995

A person has a disability if she/he has "a physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities".

Do you in accordance with the above have a disability? Yes  No   
If 'yes' please state nature of disability

.....

If no, have you ever had a Disability? Yes  No

Have you any caring responsibility?

Children  Relatives  Other  None

#### Religious Affiliation/Community Background

PRM is required by the Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation/community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to 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.....