

Team Obair Job Application Form

Please complete this Confidential Application form in full for inclusion into a Computer Database

Have already supplied us with a CV

Yes / No

Ref No.	Temporary	Permanent
Surname:		First name
Title: Mr Mrs Ms Dr Other	Nationality:	PRSI No.
Address:		
Country :		
Home Telephone No.	Work Telephone No.	Mobile Telephone No.
Emergency Contact Name:		Emergency Contact Telephone No
.		
Bank / Building Society Account Holder: Yes / No	Bank / Building Society Name	Bank / Building Society Address
Account Name:	Account No:	Sort Code:
Driving Licence: Yes / No	What Classes:	Own Transport: Yes / No
LGV Licence: Yes / No	LGV Classes:	Date First Issued:
Fork Lift Licence: Yes / No	Counter Balance : Yes / No	Reach Truck: Yes / No
Narrow Aisle: Yes / No		
Are you registered with other agencies: Yes / No	Name:	Name:
Current Position:	Company	Current Salary: £
Position Applied For:	Salary Expected: £	Minimum Salary Required: £
Area Required:	Notice Required:	Date Available:

DECLARATION

The information provided in this application form is correct and can be verified by references from previous employers and/or any professional bodies specified. I also undertake to inform Team Obair of the outcome of all introductions / Interviews to companies or agents. I hereby declare that I have no unspent convictions and there are no prosecutions pending at this time. I also under take to inform Team Obair of any prosecution that occurs whilst Team Obair holds my details.

Should I become a Temporay Worker with Team Obair, I confirm I will have read and accepted the issued Terms of Engagement for Temporary Workers document which also confirms the minimum hourly rate of pay I will be paid for temporary assignments. Whilst on temporary assignment from Team Obair I will ensure my signed timesheet is returned to the Office by 12 noon on the Monday following the week of work and I will regard all available information as confidential and I will not divulge it to any third parties plus I will comply to the Health & Safety regulations of all the companies / agents I am assigned to.

SIGNED: _____

DATE: _____

Educational and Training History (Latest first)

Dates (Years)	School / College / University / Trade	Qualification, Certificate / Diploma Awarded

Employment History (Latest First)

Dates (Years)	Company Name	Address	Position Held	Reason for leaving	Salary at leaving
					£
					£
					£
					£
					£

References:

Name	Company	Position Held	Contact Telephone No	Office Use

To be completed by persons applying for driving positions

Have you been convicted of any driving offence(s) in the last six years? If yes please give full details including outcome. :	Yes / No
Has your licence ever been suspended? If yes please give full details:	Yes / No
As at to-days date is there any outstanding prosecutions pending? If yes please give full details:	Yes / No
Have you been involved in any road traffic accident within the last six years weather you were at fault or not? If yes please give full details:	Yes / No
Is there any medical reason that has applied any special circumstances on you regarding your driving ? If yes please give full details:	Yes / No
Has any insurance company refused you Insurance cover or imposed any special conditions to an Insurance policy covering your driving? If yes please specify:	Yes / No

I declare that I will inform Team Obair of anything occurring which may affect my driving ability. I undertake to inform Team Obair of any work that I might do as a Driver on my own behalf in so far as it might put me beyond the total number of permissible driving hours in a 24-hour period. This also applies to driving for any third party that is Not an assignment organised through Team Obair.

I also fully understand that while on assignment through Team Obair that even though I will be paid by Team Obair based on the signed weekly time sheet from the client concerned I will while on assignment carry out the duties that are assigned to me by the client concerned providing they are within the law.

Signed :__ _____	Print Name:	Licence No.:
Licence inspected by: Signed: On behalf of Team Obair	Print Name:	Is licence in order: Yes / No A copy of the licence must be taken and attached to the application form.
Interview Notes;		

Self-Assessment based on work experience to-date. Please fill in the boxes below as follows

F= Full experience S = Some experience N = No experience

Warehousing		Transport		Availability for Work	
Counter Balance Forklift		Pallet Deliveries		Temporary Work	
Reach Forklift		Order Deliveries		Permanent	
Narrow Aisle Truck		Rigid Truck		Job Sharing	
Drive in racking		Simi Artic Truck		Day Work Only	
Double Deep Racking		Artic Truck		Night Work Only	
Standard APR racking		Dublin Area		Rotating 3 way shift	
Power Pallet Truck		National		Rotating 2 way shift	
2 Pallet PPT		Northern Ireland		Fixed Shift	
Roll Cages		UK / Europe		Available for Overtime	
Order Picking by pick list		Supermarket Deliveries		Available for Week-ends	
Order Picking by Barcode		Licensed Trade		Manual Handling Training	
Break Bulk Order Picking		Port Deliveries		Safety Training	
Split Case Picking		Tankers		First Aid Training	
Bonded Goods		Hazardous Goods		I S O 9002 Quality Systems	
Checking Goods In / Out		Low Loader		Quality Circles	
Supervising		Refrigerated Trailers		Do you have safety boots	
Stock Taking		Tachograph			
Stock Control		Cash Collection		Office Use	
Warehouse Management		Hand Held Terminals		Health & Safety	
Best Before Date Control				Terms of Engagement	
Cold Storage Warehouse				Aptitude Test	

