



# PB Machine Tech Ltd

Hydraulic Cylinder Manufacturers in Co-Operation with Burnside Autocyl (Tullow) Ltd.

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VAT No: 47739044 U  
Registered No: 136059

## Employment Application Form

(For office use only) Applicant No. \_\_\_\_\_

Position being applied for: \_\_\_\_\_

### Personal Details

FirstName \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail address \_\_\_\_\_

### Education & Training

*Please note you may be asked to provide official verification of your results.*

#### College /Third Level Education

Give details of all further education obtained, including College, University, higher / further education courses, craft qualifications, training received

Name of Colleges attended	Dates	Qualifications received / Courses attended

## Second Level Education

Please specify last state examinations completed

Subject	Level	Grade	Subject	Level	Grade

## Employment History

List current / most recent employment first and work backwards in sequence.

Name of Employer	Dates From - To	Job Title and brief description of duties	Reason for leaving

## Current Employment

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Present salary (including bonus etc): \_\_\_\_\_

Notice Required: \_\_\_\_\_

Have you ever been employed or previously sought employment with P.B. Machine Tech? \_\_\_\_\_

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## References

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Please provide two referees of past employment. If you have not been previously employed, provide details of two people who will give you a personal reference. We will not contact your current employer without seeking your permission first. Please ensure that you provide full and up-to-date contact details.

Name : \_\_\_\_\_

Position in Company: \_\_\_\_\_

Company : \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Name : \_\_\_\_\_

Position in Company: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Name: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Company : \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Name: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Email: \_\_\_\_\_

## Health

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Are there any conditions that you cannot work under?

Do you have any serious or recurring illness? Yes/No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any materials or substances? Yes/No

If yes please specify \_\_\_\_\_

\_\_\_\_\_

Do you suffer from any of the following? If yes, please specify.

Lung /Chest problems (eg. Asthma, Pneumonia, bronchitis) Yes /No \_\_\_\_\_

Disorders of the nervous system? (e.g. Fits, blackouts, migraine, epilepsy, stroke)

Yes / No \_\_\_\_\_

Skin problems? (e.g. Moles, eczema, dermatitis, psoriasis) Yes /No \_\_\_\_\_

Diabetes? Yes /No \_\_\_\_\_

Neck or back trouble? (e.g. muscular problems, whiplash, disc prolapse) Yes /No \_\_\_\_\_

Difficulty hearing? Yes / No \_\_\_\_\_

\_\_\_\_\_

Heart problems or circulatory disorders? (e.g. heart murmur, heart attack, high blood pressure, circulatory problems) Yes / No

Psychiatric or mental health problems? (e.g. anxiety, depression, nervous breakdown, anorexia or attendance with a psychiatrist)

Yes / No

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Are you currently using or have you used in the last 5 years any drugs of abuse? Yes / No \_\_\_\_\_

Have you ever been treated for / had counselling for alcohol or drug abuse? Yes / No \_\_\_\_\_

If so, please give details.

\_\_\_\_\_

Have you consulted a doctor, attended a hospital or ever received any treatment for back injury, foot or skin trouble, eye injuries? Yes/ No \_\_\_\_\_

If yes, please specify

\_\_\_\_\_

Do you require to the use of prescription glasses? Yes /No

If yes, please specify \_\_\_\_\_

You may be required to undergo a medical examination by the company doctor at any time.

Are you willing to do so? Yes/No

How many days have you been absent from work / studies due to illness in total in the past two years? \_\_\_\_\_

**Other Questions**

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Are you involved in any Part- Time work activities? Yes / No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Are you involved in any Organisations? (Fire Service etc) Yes/No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Please list some of your hobbies / interests: \_\_\_\_\_

Do you hold a Full Irish Driving License: Yes / No \_\_\_\_\_

Are you willing to work evening /night/ weekend work? Yes /No \_\_\_\_\_

*I confirm that all of the above information is correct to the best of my knowledge.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Thank you for your application.*