

P.B. Machine Tech Ltd., Muinebheag Industrial Park, Royal Oak Road, Bagenalstown, Co Carlow, Ireland, R21 Y368  
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VAT No: 47739044 U | Registered No: 136059

**Position being applied for:**



**Personal details:**

First Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
Surname: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Educational & training:**

**College/Third Level Education:**

Give details of all further education obtained, including college, university, higher I further education courses, craft qualifications, training received .

Name of college attended	
Start date / end date	
Courses attended	
Qualifications received	

Name of college attended	
Start date / end date	
Courses attended	
Qualifications received	

## Educational & training:

### Secondary Level Education:

Please specify last state examinations completed :

Subject	Level	Grade	Subject	Level	Grade

## Employment History:

List current / most recent employment

Current employment	
Present salary ( <i>including bonuses etc</i> )	
Notice required	
Have you ever been employed or previously sought employment with PB Machine Tech.	

Name of employer	
Start date / end date	
Job title	
Description of duties	
Reason for leaving	

Name of employer	
Start date / end date	
Job title	
Description of duties	
Reason for leaving	

## References:

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

Are there any conditions that you cannot work under?

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Do you have any serious or recurring illness?

**Yes/No** - If yes, please specify

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Do you suffer from any of the following?

Lung I Chest problems (eg. Asthma, Pneumonia, bronchitis)

**Yes/No** - If yes, please specify

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

**Yes/No** - If yes, please specify

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Skin problems? (e.g. Moles, eczema, dermatitis, psoriasis) .

**Yes/No** - If yes, please specify

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Diabetes?

**Yes/No** - If yes, please specify

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Neck or back trouble? (e.g. muscular problems, whiplash, disc prolapse)?

**Yes/No** - If yes, please specify

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Difficulty hearing?

**Yes/No** - If yes, please specify

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Heart problems or circulatory disorders? (e.g. heart murmur, heart attack, high blood pressure, curculatory problems)?

**Yes/No** - If yes, please specify

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

**Yes/No** - If yes, please specify

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Are you currently using or have you used in the last 5 years any drugs of abuse?

**Yes/No** - If yes, please specify

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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

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Do you require to the use of prescription glasses?

**Yes/No** - If yes, please specify

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You may be required to undergo a medical examination by the company doctor at any time. Are you willing to do so?

**Yes/No** - If yes, please specify

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

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## Other Questions

Are you involved in any Part- Time work activities?

**Yes/No** - If yes, please specify

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Are you involved in any Organisations? (Fire Service etc)

**Yes/No** - If yes, please specify

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Please list some of your hobbies I interests:

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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

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Thank you for your application.

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