



GLOBAL GREEN COMPOSITES

YOUR PREMIER COMPOSITES PARTNER

EMPLOYMENT APPLICATION FORM

Many thanks for your interest in our Company. Please fill in, using block letters and send to:

Global Green Composites Ltd, Slane Industrial Estate, Slane, Co. Meath.

SURNAME: _____ **CHRISTIAN NAME (S):** _____

ADDRESS: _____

P.P.S. NO: _____ **DATE OF BIRTH:** _____

TELEPHONE NO.: _____ **MOBILE NO.:** _____

EMAIL ADDRESS _____

POSITION APPLIED FOR: _____ **DATE AVAILABLE:** _____

WHERE DID YOU HEAR ABOUT Global Green Composites Ltd?

**DO YOU KNOW ANYONE ALREADY EMPLOYED AT Global Green Composites IF SO PLEASE
SUPPLY NAME:**

WHAT STARTING SALARY DO YOU EXPECT TO EARN _____

SCHOOLS ATTENDED:

NAME & ADDRESS OF SCHOOL	FROM	TO	FINAL EXAMS TAKEN & RESULTS	PRINCIPALS NAME

COLLEGES, TECHNICAL OR TRAINING CENTRES ATTENDED: (RTC, FAS, UNIVERSITIES, ETC.)



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NAME & ADDRESS	FROM	TO	COURSE & FINAL EXAMS TAKEN	PRINCIPAL OR INSTRUCTORS NAME

SPECIAL TRAINING COURSES ATTENDED:

Give details on subjects, location, Exams, Tests, Instructors, etc. (Manual Handling, Occupational First Aid..)

PLEASE PROVIDE COPIES OF ALL CERTIFICATES OBTAINED FROM COLLEGES AND TRAINING COURSES.

EMPLOYMENT EXPERIENCE:

Starting with CURRENT or LAST employment and going backwards.

1. COMPANY NAME: _____ FROM: _____ TO: _____

ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____

DIRECT SUPERIOR: _____ FUNCTION: _____

COMPANY MANAGER OR DIRECTOR: _____

NOTICE TIME: _____ BASIC WAGE/SALARY: _____

IF YOU ARE NOT IN THIS EMPLOYMENT NOW GIVE REASONS FOR LEAVING

DESCRIBE YOUR FUNCTION AND ANY EQUIPMENT USED:



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2. COMPANY NAME: _____ FROM: _____ TO: _____

ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____

DIRECT SUPERIOR: _____ FUNCTION: _____

COMPANY MANAGER OR DIRECTOR: _____

NOTICE TIME: _____ BASIC WAGE/SALARY: _____

DESCRIBE YOUR FUNCTION AND ANY EQUIPMENT USED:

3. COMPANY NAME: _____ FROM: _____ TO: _____

ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____

DIRECT SUPERIOR: _____ FUNCTION: _____

COMPANY MANAGER OR DIRECTOR: _____

NOTICE TIME: _____ BASIC WAGE/SALARY: _____

DESCRIBE YOUR FUNCTION AND ANY EQUIPMENT USED:

4. COMPANY NAME: _____ FROM: _____ TO: _____

ADDRESS: _____

_____ TELEPHONE: _____

POSITION HELD: _____

DIRECT SUPERIOR: _____ FUNCTION: _____



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COMPANY MANAGER OR DIRECTOR: _____

NOTICE TIME: _____ BASIC WAGE/SALARY: _____

DESCRIBE YOUR FUNCTION AND ANY EQUIPMENT USED:

REFEREES:

Give three Referees other than relatives

1. NAME: _____ PHONE: _____

POSITION: _____

COMPANY: _____

2. NAME: _____ PHONE: _____

POSITION: _____

COMPANY: _____

3. NAME: _____ PHONE: _____

POSITION: _____

COMPANY: _____

FOREIGN LANGUAGES: Do you know any foreign language? YES _____ NO _____

Below State Level of Competence (Basic, Independent User, Native/Fluent)

LANGUAGE	SPEAKING	READING	WRITING	Were You A Resident?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

ADDITIONAL SKILLS:

List tools you have used professionally or at home which may be relevant to the position: (Paint Sprayer, Sander, cutting tools etc..)



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DO YOU HOLD A VALID DRIVING LICENCE? YES _____ NO _____

LICENCE TYPE:

B EB/BE	Y/N	W	Y/N	C1 EC1/C1 E	Y/N	C CE/EC	Y/N		Y/N
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VALID FORK LIFT LICENCE: YES _____ NO _____

DO YOU OWN A CAR? YES _____ NO _____

COMMENTS IN SUPPORT OF YOUR APPLICATION:

(Please feel free to use extra sheets of paper if necessary)

ARE YOU PREPARED TO WORK:

A) SHIFT WORK: YES _____ NO _____

B) OVERTIME: YES _____ NO _____

I HEREWITH DECLARE THAT ALL THE INFORMATION THAT I HAVE GIVEN ABOVE IS CORRECT, AND I UNDERSTAND THAT WITHHOLDING ANY INFORMATION MAY RESULT IN THE TERMINATION OF MY CONTRACT OF EMPLOYMENT.

SIGNATURE: _____ DATE: _____

FOR MINORS, SIGNATURE OF PARENT OR GUARDIAN: _____

DATA PROTECTION ACT