

JOB APPLICATION FORM (via Internet)

Abaloid Plastics Ltd., 165 Scudamore Road,

Leicester LE3 1UQ

Tel: 0116 2320212 Fax: 0116 2320569

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM.

This form is to be filled in personally by the applicant and must be legible. Only applicants appearing suitable will be contacted. Application forms will be treated in order of receipt at our office.

If you do not receive a reply within 10 working days then it is to be assumed that we have either filled the vacancy or we have decided that you would not be suitable for this position.

Please understand that we are unable to reply to everyone, as time simply does not allow.

Computer transfer pays wages. Successful applicants will therefore need to have a bank or building society account into which their wages can be paid.

PLEASE NOTE ABALOID PLASTICS IS A NON-SMOKING SITE

Full Name: Age: Date of birth:

Address: Male / Female Delete as applicable.

..... Marital status :

..... No. of dependant children under 16 :

..... Telephone No. :

DO YOU SMOKE? : Tick the appropriate box. Yes No

JOB APPLYING FOR :

Did you see the vacancy in your local Job Centre Yes No

Would you consider any other vacancy?

Unless applying for the Machine Operative, the hours for the vacancy are as stated in the advertisement.

If applying for Machine Operative vacancy please tick your preferred hours of work.

Morning 5.45 am to 2.15 pm Evening 1.45 pm to 10.15 pm Night 9.45 pm to 6.15 am

ACADEMIC and TRADE QUALIFICATIONS

e.g. GCSE O / A Levels, Degree, Trade Qualifications, Plastic Injection Moulding Courses attended, level of Computer Skills etc. Please include grades :

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Secondary school attended :

College/Polytechnic/University attended :

HEALTH

To meet our obligations to the health and safety law and our insurers we need to know of any health problems or disabilities. For example; heart, liver or kidney problems, blood pressure, arthritis, back problems, diabetes, impaired sight or hearing, long term depression. Please give details including medication / drugs that you are regularly prescribed for the problem. If none write 'None'.

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Can we apply to your doctor for a health report ? Yes / No. Delete as applicable. If yes please supply your doctors name and surgery address.

How many days were lost, in the last year of your previous job, through absenteeism :

