

Application Form

Return the completed Application Form, Equal Opportunities Monitoring Form and provide your CV with Covering letter (Please enclose copies of any certificates, academic or otherwise, and UK work visa) to:

HR Manager
Environmental Products & Services Ltd
5 Shepherd's Drive
Carnbane Industrial Estate
Newry
BT35 6JQ
HumanResources@EPAS-Ltd.com

Applicant Reference Number: (for office use only)	
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Please Insert a digital or Passport sized photo of yourself



Achievements to Date

Please state where you have seen/heard about this particular vacancy:

Part C: Employment History	
Name present Employer:	
Address of present Employer:	
Present Position:	
Please outline your present responsibilities:	
Are you currently under any contractual obligations with your current employer? If yes, please supply further details.	Yes/No
How much notice are you required to work?	
Additional Information:	

Expected Remuneration Package being sought?

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Employment History (in reverse chronological order)

Employer, Address & Business	Position Held & Salary	From/To	Reason for Leaving
	Position:		
	Salary:		
	Position:		
	Salary:		
	Position:		
	Salary:		
	Position:		
	Salary:		

Membership of Professional Bodies: Indicate with * where entry was not by examination.

Name of Professional Body	Year	Grade of Membership

Additional Training: Courses attended during previous employments.

Date	Course Title	Brief details of course

Please list your THREE most important skills

Tell us about your work experience and what each of your recent jobs entailed?

Other information: Any other qualifications or skills (not already listed) e.g. foreign languages which may be relevant to this job application.

What do you believe you can offer that this post needs?

What do you not have that we need for this post?

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Hobbies & Interests

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Do you smoke?

Yes/No	How many per day?
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Part D: General

1: Driving License

Do you hold a current driving license?	Yes/No
Year Licence was obtained?	
Is the licence clear?	Yes/No
If no, give details of endorsements:	

2: Criminal Offences

Have you any previous convictions for a criminal offence (other than motoring offences) which are not spent under the Rehabilitation of Offenders Act?	Yes/No
If yes, give full details and dates:	

Part E: References:

Please nominate two referees one of whom should normally be a current and/or previous employer.

Name:	Name:
Position/Title:	Position/Title:
Company:	Company:
Address Line No:1	Address Line No:1
Address Line No:2	Address Line No:2
Post Code:	Post Code:
City:	City:
County:	County:
Country:	Country:
Contact Number:	Contact Number:
E mail:	E mail:

Part F: Declaration:

I authorise Environmental Products & Services Limited to obtain references from any source, which may also include security checks, to establish my suitability for employment and I hereby consent to sign any further document required by Environmental Products & Services Limited in order to give effect to this requirement. I declare to the best of my knowledge, the information contained on this form is correct; I understand that any false statement may disqualify me from employment or render me liable for dismissal

Signature:	Print Name:	Date:
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Driver Declaration

It is an offence for a person to drive on a road any vehicle otherwise than in accordance with a licence authorising him to drive it. It is also an offence for a person to cause or permit another person to drive it.

This is a declaration that I _____ have produced my latest licence, and that I have no pending convictions, endorsements or disqualifications.

I will only drive an EPAS Company Vehicle under the current insurance policy if I am aged 25-65 with two years driving experience with no accidents, claims or convictions and driving with the policyholder's permission. If I do not meet this criteria you I will complete an additional driver form to be referred to the company's insurer for approval. Please see copy attached.

I have had no change in my health, which could affect my entitlement to drive, in particular, for ALL licences:

- An epileptic event (seizure or fit)
- Sudden attacks of disabling giddiness, fainting or blackouts
- Severe mental handicap
- A pacemaker, defibrillator or anti-ventricular tachycardia device fitted
- Diabetes controlled by insulin or tablets
- Angina (heart pain) while driving
- Parkinson's disease
- Any other chronic neurological condition
- A serious problem with memory
- A major or minor stroke
- Any type of brain surgery or tumour
- Severe head injury involving in-patient treatment at hospital
- Any severe psychiatric illness or mental disorder
- Continuing/permanent difficulty in the use of arms or legs
- Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past three years (do not include drink/driving offences)
- Any visual disability that affects both eyes (do not declare short/long sight or colour blindness)

Also, for vocational licences:

- Any heart condition or heart operation
- Any visual problem affecting either eye
- Drivers of own vehicles on company business. The vehicle is roadworthy, suitably insured, maintained and subject to MOT

If any of the above affects me I will inform my employer as soon as possible. I understand that I must also inform DVLA by writing to the: Driver Licensing Division, DVA, County Hall, Castlerock Road, Coleraine, BT51 3TB. Failure to do so is a criminal offence punishable by a fine of up to £1,000. I will inform my employer of any road traffic incidents, convictions, endorsements or disqualifications that occur, which could affect my entitlement to drive, as soon as possible.

I have read and fully understand the above and will comply with what is requested of me.

Signed _____ Date _____

Office Use Only

Driver Licence Checked by _____

Signed _____	Date www.EPAS-Ltd.com
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EPAS Medical Questionnaire

Strictly Private & Confidential

Applicant Reference Number (for office use only):
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Title: Mr/Mrs/Miss/Dr/Other.....(please delete as appropriate)	
First Name(s):	Surname:
Name and Address of your Doctor:	
	Post Code:

Question (Tick as appropriate)	Yes	No
1	Have you ever at any time suffered or sustained any major illness or injury?	
	If the answer to Q1 is "yes" please give details:	
2	Do you suffer from any physical disability, which would be likely to interfere with the proper discharge of duties for the post for which you now apply?	
	If the answer to Q2 is "yes" please give details:	
3	Please give details of all absences from work/school/college etc of more than 3 weeks duration due to illness or injury during past 3 years:	
	Nature of illness/injury	Year
		Duration
4	Are you suffering from or have you ever suffered from a chronic disease?	
	If the answer to Q4 is "yes" please give details:	
5	History of Gastric or Duodenal Ulcers or Indigestion?	
6	Have you ever been abroad during the last 12 months? If so, which country/countries have you visited:	

7	Have you ever contracted a disease which can be transmitted by Blood, Saliva or Bodily Fluids such as Hepatitis or HIV?				
8	History of contact with typhoid or enteric fever?				
9	Have you suffered with Hepatitis a, b, c, d, e?				
10	History of skin disease, boils, dermatitis, eczema or psoriasis?				
11	Any discharge from eyes, ears or nose?				
12	Any history of back trouble, e.g. slipped disc, back strain, sciatica, spina bifida?				
13	Any history of bronchitis, asthma, TB or emphysema?				
14	Have you ever been treated for any Drug Dependencies? (This includes Alcohol)				
15	Do you smoke? If yes, how many cigarettes per day:				
16	Do you drink alcohol? If yes, how many units per week:				
17	Any history of kidney disease or infection of urine?				
18	Any history of heart disease?				
19	Have you suffered from Pins and Needles associated with a loss of power in limbs or muscles?				
20	Any history of aneurysms?				
21	Any history of fits, fainting attacks or dizzy spells?				
22	Have you ever suffered from epilepsy?				
23	Have you ever suffered from Schizophrenia, depression, anxiety, psychosis or any Mental Illness?				
24	Have you ever received treatment for these diseases?				
25	Have you ever had any hospital investigation or treatment? If yes, give dates and details				
	Nature of illness/injury		Year	Duration	
26	When did your own Doctor last see you? Give dates and details				
27	Are you at present on any treatment such as injections, tablets or medicines?				
	If the answer to Q27 is "yes" please give details of treatment and nature of illness or injury:				
28	Have you recently had any form of Vaccinations?				
	If the answer to Q28 is "yes" please give details:				
29	Do you have a hearing defect of any kind?				
30	Do you wear glasses or contact lenses?				
31	Do you suffer from any allergies? (This includes drug allergies)				

Question (Tick as appropriate)			
32	Do you suffer from hay fever?		
33	Are you colour blind?		
34	Do you have any other injury or disease not mentioned above? If yes, please give details:		
35	Have you been in contact with any ill persons recently? If the answer to Q35 is "yes" please give details of the diseases and dates:		
36	Would you be prepared to undergo a medical examination?		
37	Are you a Registered Disabled person? If yes, what is your Registered Number:		
38	Do you have a recognised First Aid Certificate?		
40	If yes, is the Certificate current?		

I declare to the best of my knowledge, the information on this form is correct. I understand that any false statement may disqualify me from employment or render me liable to dismissal.

Signature:	Date:
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Ref No:

Private & Confidential

Monitoring Questionnaire

Introduction:

Environmental Products & Services Ltd is an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job.

We monitor the community background and sex of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment & Treatment (NI) Order 1998.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

Community Background:

Regardless of whether they actually practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

Please indicate the community to which you belong by ticking the appropriate box below:

- I am a member of the Protestant community:
- I am a member of the Roman Catholic community:
- I am not a member of either the Protestant or the Roman Catholic communities:

If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.

Sex

Please indicate your sex by ticking the appropriate box below:

- Male:
- Female:

Note: If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.