APPLICATION FOR EMPLOYMENT WITH FARRIMONDMACMANUS LIMITED

Field Archaeologist

**Position Applied for: Field Archaeologist**

 **PERSONAL DETAILS**

**SURNAME**

**FORENAMES**

**DATE OF BIRTH**

**ADDRESS**

**POSTCODE**

**HOME TELEPHONE NUMBER**

**MOBILE TELEPHONE NUMBER**

**NATIONAL INSURANCE NUMBE:**

**IF NONE PLEASE STATE THE REASON**

**Do you have the use of a car?**

**Do you have a current driving licence?**

**Are you a member of an occupational pension scheme?**

**Do you subscribe to a Personal Pension?**

**Please give details of any unspent criminal convictions na**

**SECONDARY EDUCATION / FURTHER EDUCATION**

**Please give details of any further education establishments you have attended, and any examinations taken.**

**FROM TO COLLEGE/UNIVERSITY EXAMINATIONS & RESULTS**

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**TRADE OR PROFESSIONAL QUALIFICATIONS**

**Please list any trade and professional qualifications held, giving the date on which each was achieved.**

 **DATE QUALIFICATION**

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**TRAINING**

**Please give details of any training courses attended.**

 **DATE TRAINING COURSES**

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**EMPLOYMENT HISTORY**

**Start with your most recent employer**

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| **FROM** | **NAME AND ADDRESS OF EMPLOYER** | **POSITION HELD** | **BRIEF DESCRIPTION OF MAIN DUTIES** | **REASON FOR LEAVING** |
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**EMPLOYMENT HISTORY (continued).**

**Please expand upon the details already given as regards your most recent/present job.**

 **OTHER INFORMATION**

**Please give any other information which you consider relevant. NA**

**State your reasons for seeking employment with this company. NA**

**Please write a short autobiographical note, describing your leisure interests, membership of any organisations, strong likes or dislikes, etc.**

 Affiliate member of CIFA

**Please give the names and addresses of two persons who have agreed to act as referees and who have known you for at least two years.**

**At least one referee should have a detailed knowledge of your career to date and neither should be related to you.**

**Name Fintan Walsh**

**Address \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Address \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of availability if an appointment if offered. Immediate**

**DECLARATION**

**I hereby declare that the information given in this application is, to the best of my knowledge and belief, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the Company other that for any services rendered.**

**I give my consent to the information I have provided to be held on record by the Company for the purpose of recruitment and administration.**

**Signature**

**FOR OFFICE USE ONLY**

**SALARY**

**NORMAL HOURS OF WORK**

**NORMAL PLACE OF WORK**

**This information will be treated as CONFIDENTIAL.**

 **We are an Equal Opportunities Employer.**

**MEDICAL QUESTIONNAIRE TO BE COMPLETED BY APPLICANTS FOR EMPLOYMENT**

**APPLICANT**

**Name**

**Address**

**Date of Birth Sex**

**Height Weight**

**APPLICANTS DOCTOR**

**Name**

**Address**

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| **QUESTIONS** | **\*YES** | **\*NO** |
| Have you ever had high blood pressure or heart trouble (including coronary disorders)? |  |  |
| Have you ever had arthritis? |  |  |
| Have you ever had lumbago, sciatica, disc trouble, backache, or any other form of back trouble? |  |  |
| Have you ever had a hernia? |  |  |
| Have you ever had a stomach ulcer or persistent indigestion? |  |  |
| Have you ever had surgery? |  |  |
| Have you ever experienced seizures or loss of consciousness? |  |  |
| Have you ever experienced bronchial or respiratory disorders? |  |  |
| Have you ever had trouble with your hearing, e.g. ringing in the ears or difficulty hearing others speak? |  |  |
| Have you ever had dermatitis, eczema, infantile eczema, or allergic rashes? |  |  |
| Have you ever had diabetes? |  |  |
| Have you ever experienced a fear of heights? |  |  |
| Have you ever experienced a fear of confined spaces? |  |  |
| Do you have an incapacitating illness? |  |  |
| Do you have any infectious or contagious disease? |  |  |
| Are you taking any form of medication or prescribed drug? |  |  |
| Have you ever taken any illegal drugs or used solvents? |  |  |
| Do you have any eyesight problems, e.g. colour blindness or short sightedness? |  |  |
| Have you ever worked in a dusty environment, or with or close to asbestos or lead? |  |  |
| Have you ever worked in a noisy environment? |  |  |
| Have you ever smoked? |  |  |
| Have you ever had a serious accident? |  |  |
| Have you ever had pain and/or numbness, loss of sense of touch or loss of grip in your hands or fingers? |  |  |
| Have you ever had an industrial injury? |  |  |
| Have you ever been diagnosed with depression? |  |  |
| Have you ever been adversely affected by stress or a stress related illness? |  |  |
| Have you ever had seizures or an epileptic episode? |  |  |
| How many units of alcohol do you consume each week? |  |

**\* Tick as appropriate**

Please give further details below for any of the above questions to which you have answered **Yes** and describe any other condition from which you suffer/have suffered which has not so far been referred to.

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| **Further Details** |

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| I declare that I have carefully considered the answers that I have given to the above questions and that to the best of my knowledge and belief they are true and complete.I acknowledge that in offering me employment, you will be depending upon the accuracy of the answers and information that I have given on this form.I agree that if any of those answers or that information is subsequently found to be inaccurate or misleading, you will have the right to terminate my employment.I agree that by signing this form and completing the above questionnaire that the details I have given can be held on record by the Company for the purposes of recruitment and administration and that access to this information will be protected by the Company from deliberate improper access or use.**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |