

C & F TOOLING LTD.



PRESS TOOL DESIGN & MANUFACTURE
HIGH & LOW VOLUME METAL PRESSINGS
CABLE HARNESSING & ELECTRO MECHANICAL ASSEMBLIES
INJECTION MOULDING FACILITY
CENTRAL EUROPEAN MANUFACTURING FACILITY



Cork, Athony
Co. Galway
Rep. of Ireland
Tel: 353-91-790848, 790871,
790939 & 790940
Fax: 353-91-790873
V.A.T. No. 4883930L

Employment Application Form

Personal Information

Name: _____ Surname: _____

Address: _____

Date of Birth: _____

Marital Status: _____ Nationality: _____

Driver's Licence: _____ Telephone: _____

Education Details

Second Level Education

Name & Address	Examinations Taken	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third Level Education

Name & Address	Name of Course	Result	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C & F TOOLING LTD.



PRESS TOOL DESIGN & MANUFACTURE
HIGH & LOW VOLUME METAL PRESSINGS
CABLE HARNESSING & ELECTRO MECHANICAL ASSEMBLIES
INJECTION MOULDING FACILITY
CENTRAL EUROPEAN MANUFACTURING FACILITY



Cork, Athony
Co. Galway
Rep. of Ireland
Tel: 353-91-790848, 790871,
790939 & 790940
Fax: 353-91-790873
V.A.T. No. 4883930L

Additional Courses

Employment History

Employer's Name & Company	Position	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer's Name & Company	Position	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hobbies & Achievements

Additional Information

References

Name: _____ Name: _____

Address: _____ Address: _____

Signature: _____ Date: _____

C & F TOOLING LTD.



PRESS TOOL DESIGN & MANUFACTURE
 HIGH & LOW VOLUME METAL PRESSINGS
 CABLE HARNESSING & ELECTRO MECHANICAL ASSEMBLIES
 INJECTION MOULDING FACILITY
 CENTRAL EUROPEAN MANUFACTURING FACILITY



Coshk, Athony
 Co. Galway
 Rep. of Ireland
 Tel: 353-91-790848, 790871,
 790939 & 790940
 Fax: 353-91-790873
 V.A.T. No. 4883930L

Health and Safety

Do you hold a First Aid certificate ?

Do you hold a valid forklift license ?

Do you understand instruction in English ?

If not please indicate language understood

Have you been trained in manual handling ?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Any other relevant information or training

Do you suffer or have you suffered from any of the following,

	Yes	No		Ye s	N o
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
Fits/ blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Defective hearing	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
Defective vision	<input type="checkbox"/>	<input type="checkbox"/>	any other illness / disease or disability	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above please give details

.....

C & F TOOLING LTD.



PRESS TOOL DESIGN & MANUFACTURE
HIGH & LOW VOLUME METAL PRESSINGS
CABLE HARNESSING & ELECTRO MECHANICAL ASSEMBLIES
INJECTION MOULDING FACILITY
CENTRAL EUROPEAN MANUFACTURING FACILITY



Coshk, Athony
Co. Galway
Rep. of Ireland
Tel: 353-91-790848, 790871,
790939 & 790940
Fax: 353-91-790873
V.A.T. No. 4883930L

Declaration

Duties of the Employee as set out by
the SAFETY WELFARE Act 2005

- Owner for own Safety
- Co-operate with employers
- Not to mis-use Equipment
- Use PPE correctly (eye ear protection)
- Report Defects
- Report Accidents
- Adopt a Safe Attitude

1) If employed by C&F Tooling, I agree to abide by all Company rules and to accept my responsibilities as an employee under the Safety and Welfare Act 2005.

Signature Date
.....

2) I declare that all information supplied on this form is true and accurate and I accept that if found false or misleading in any way may result in my dismissal from my position in the company to which I have been appointed.

Signature..... Date:_____