



Polar Ice Ltd., Unit 3 Portarlinton Ind. Est.  
Portarlinton, Co. Laois, R32 XR7Y  
Tel: 057 862 3860 Web: [www.polarice.ie](http://www.polarice.ie)

**Providing Dry Ice Solutions**

**POST(S) APPLIED FOR:**

**Relief Driver**  
(12+ hours p/w):

**General Operative**  
(30+ hours p/w ):

## POLAR ICE (HQ) - JOB APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

***Please be aware that forms with missing information will not be considered***

### SECTION 1 PERSONAL DETAILS

Full Name:

Address:

Tel No:

Email Address:

**Driving Licence** - if relevant to post applied for

Do you hold a full, clean driving licence valid in Ireland? Yes

No

## SECTION 2 PRESENT EMPLOYMENT

**Present Employment** (If now unemployed give details of last employer)

Name of Employer:	
Address:	
Job Title	
Date of Appointment	
Salary (Hourly Rate)	
Department / Section	
Brief description of duties:	
Notice Period:	
Last day of service (If no longer employed):	
Reason for leaving (if no longer employed):	

## SECTION 3 PREVIOUS EMPLOYMENT

### Previous Employment (Most recent employer first)

Name of Employer:	
Address:	
Position Held	
Summary of duties	
Reason for leaving:	

### Previous Employment (Continued)

Name of Employer:	
Address:	
Position Held	
Summary of duties	
Reason for leaving:	

## SECTION 4 EDUCATION

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

School, College or University	Course	Qualifications & grades obtained

## PROFESSIONAL, TECHNICAL OR MANAGEMENT QUALIFICATIONS

Please give details:

Professional / Technical / Management Qualifications	Course Details

Membership of any Professional / Technical Associations – Please state level of Membership

## SECTION 5 TRAINING AND DEVELOPMENT

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

## SECTION 6 HEALTH

Successful applicants will be required to complete a medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness in the last 2 years:

Please state number of occasions in the last 2 years:

## SECTION 7 REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. **Forms with no references given will not be considered.**

### REFERENCE 1

Name:

Job Title:

Work  
Relationship:

Company Name:

Address:

Tel No:

E-mail:

Are you willing for this referee to be approached prior to interview?

Yes

No

### REFERENCE 2

Name:

Job Title:

Work  
Relationship:

Company Name:

Address:

Tel No:

E-mail:

Are you willing for this referee to be approached prior to interview?

Yes

No

## SECTION 8 DECLARATION

Statement to be signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**I hereby certify that:**

- **All the information given by me on this form is correct to the best of my knowledge**
- **All questions relating to me have been accurately and fully answered**
- **I possess all the qualifications I claim to hold**
- **I understand that any omissions or misrepresentations of information on this application form may, in the event of obtaining employment, result in disciplinary action, up to and including dismissal**

**Signed:**

**Date:**