

CONFIDENTIAL
All questions **MUST** be answered

APPLICATION FOR EMPLOYMENT

Please return completed form to:
PMM Ltd., Unit 6B, North West Business Park, Collooney, Co. Sligo.

Position Applied For: _____

PERSONAL INFORMATION:

Name: _____ PPS Number: _____

Address: _____

Next of Kin: _____ Kin Contact No: _____

Address: _____

Are you self employed? Yes No If yes, please state vat number:

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Nationality: (if you are a non EEA national, are there any restrictions affecting your eligibility to work) *The EEA comprises the Member States of the EU together with Iceland, Norway and Liechtenstein*

If so, please specify _____

CONTACT DETAILS:

E-mail address: _____

Mobile Phone: _____

Home Phone: _____

EDUCATION:

Qualification: _____

Date Obtained: _____

Name & Location of College: _____

Secondary School: _____

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List any further skills/training completed:

GENERAL INFORMATION:

1. Do you have any relatives/friends employed by PMM Ltd? Yes No
If yes please state name: _____

2. Have you previously worked for PMM Ltd? Yes No
If yes please state when: _____

3. Are you currently employed? Yes No
If yes please state details of days/hours: _____

4. How did you hear about our company?
Newspaper If so, which paper? _____
Internet If so, which site? _____
Friend Family
Other Please state? _____

5. Do you hold a current Irish Driving Licence? Yes No
If yes, what type is it Full Provisional

6. What type of car insurance do you have? Comprehensive
Third Party
Goods

7. Are you a car/van owner? Yes No
If no, do you have access to a car/van? Please give details:

8. Would you be willing to travel to different counties for relief work?
Yes No

9. Do you have access to storage space e.g. garage, store etc? Yes No

10. Do we have your permission to obtain Gardaí Security Clearance? Yes No

11. Please give details of your hobbies/interests.

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REFERENCES:

Please give details of two previous employers we could approach for references.

Referee 1:

Name: _____ Occupation: _____
Address: _____ Telephone: _____

Referee 2:

Name: _____ Occupation: _____
Address: _____ Telephone: _____

EMPLOYMENT HISTORY:

Outline any previous merchandising experience:

Are you registered with any other promotional merchandising agency? Yes No

If yes please state name of company & work carried out to date:

Please give details of previous employment, beginning with present:

A. Employer Name:	
Type of Business:	
Address:	
Job Title:	
Type of Work and responsibilities:	
Start Date:	Finish Date:
Reason for leaving:	

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B. Employer Name:	
Type of Business:	
Address:	
Job Title:	
Type of Work and responsibilities:	
Start Date:	Finish Date:
Reason for leaving:	

C. Employer Name:	
Type of Business:	
Address:	
Job Title:	
Type of Work and responsibilities:	
Start Date:	Finish Date:
Reason for leaving:	

ABOUT YOU:

Please outlined additional qualities you have that would be beneficial to the position applied for.

DECLARATION:

I certify that my answers to the questions on this application are true and factual.
I understand that any misrepresentation or omission of facts made by me will be sufficient grounds for disqualification or immediate dismissal.

Signed: _____

Date: _____

ABOUT PMM LTD:

PMM is an award winning merchandising and marketing company which was established in 1989. We are an integrated marketing company with a nationwide team of trained personnel who provide a professional and personal service to some of Irelands leading blue chip companies. PMM was the first company in the industry to receive ISO 9001:2000 quality standard accreditation in 2001, and retained through audit year on year.