



STL Logistics
Logistics Centre,
Annacotty Business Park,
Annacotty,
Limerick.

APPLICATION FORM

Switchboard 061-200200
Fax No 061-200271

Personal Details

Name: _____

Address: _____

Home Telephone: _____ Mobile: _____

Email: _____ Work Telephone: _____

Best way to contact you? _____

Best Time? _____

How did you find out about our vacancies? _____

What Job opportunities are you interested in?

Vacancy Title: _____

How many hours a week would you like to work? _____

What are your salary expectations? _____

Important Questions

Are there any restrictions on your right to work in Ireland?

If so please give details: _____

Have you any previous convictions?

If so, please give details: _____

Educational Qualifications Received / Training Certificates / Licences Held

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If applying for driving positions, please complete the following:

Do you hold a digital drivers card:

If so, please advise the digital drivers card number:

Current Employment Status

Please provide full details of your current (or most recent) employer

Employer: _____

Current role / Employment Status: _____

Type of Business: _____

Dates (DMY) From: _____ To: _____

Job Title: _____

Notice Period: _____

Reason for Leaving _____

Details of last two employers

Company Name	From Date	To Date	Duties Undertaken	Contact Details for Reference
	/ /	/ /		
	/ /	/ /		

Medical Questionnaire	Yes	No
Do you suffer from any health problems, which may affect your ability to carry out your duties (incl. epilepsy, diabetes etc.)?		
Have you attended a Medical Doctor or been admitted to hospital during the past 12 months with any health problems which may affect your ability to carry out your duties?		
Have you ever left, been retired from or denied a job on health grounds?		
Do you have any history of Musclo-Skeletal disorders i.e. back strain/pain)?		
Have you ever made any insurance claims on a previous employer for loss or compensation?		
If you have answered 'YES' to any of the above questions, please give full details below or on a separate sheet (i.e. illness, dates, medical attendance etc.)		

Any Additional Information in support of your application

Declaration

Data Protection Act: -

I consent to the information I give on this form, other information provided / generated in relation to my application, and information about me as an employee if I am offered and accept a job:

- being processed and used by STL Logistics to determine my suitability for employment
- being used for the maintenance of necessary records.

Signed: _____ Date: _____

Please Note: Any false or misleading information in your application may affect your rights under legislation and / or may cancel your application or render you liable for dismissal, if engaged