



## Mechanic Application Form

**FOR OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_

**Logistical Department:** \_\_\_\_\_

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

**Comments:** \_\_\_\_\_

**Depot:** \_\_\_\_\_

The information requested is for recruitment and statistical purposes only and will be treated in strict confidence. Completion of an application form does not necessarily guarantee a position with South Coast Transport.

**PLEASE ENSURE THAT YOU READ THIS APPLICATION FORM, COMPLETE ALL SECTIONS AND SIGN THE BACK PAGE AS INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.**

### SECTION 1.

**Personal Details (Block capital letters)**

Surname: \_\_\_\_\_

First name (s): \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Do you need a work permit to take up employment in Ireland? Yes  No

If Yes, please supply details: \_\_\_\_\_

Are you a smoker? Yes  No

**Written statement from applicant**

*Please note additional information may be attached if necessary*

In your own words, please state why you want to become part of the South Coast Team

## SECTION 2.

IT IS IMPORTANT THAT YOU FULLY COMPLETE THIS SECTION AND THAT THE CORRECT INFORMATION IS GIVEN. WHERE NECESSARY DETAILS PROVIDED SHOULD BE VERIFIED BY YOUR DOCTOR.

### Medical Details

In the last 5 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None  Eyes  Skin  Respiratory  Circulatory  Joints / Bones

In the last 2 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None  Eyes  Skin  Respiratory  Circulatory  Joints / Bones

Are you colour blind ? Yes  No

If Yes, please detail:

Do you require glasses for driving ? Yes  No

Do you require medication on a regular basis ? Yes  No

## SECTION 3.

### Training and Qualification Details

Please detail any qualifications obtained or training undertaken including the date and result.

PLEASE START WITH THE MOST RECENT INSTUTION ATTENDED

Examining Body e.g. FETAC, HETEC, FAS	Course title e.g. Mechanical Engineering	Level of award achieved e.g. Honours, Pass of...	Year achieved
1			
2			
3			
4			
5			

### Languages

Do you speak English ? Yes  No

If Yes, please specify whether you have "Basic", "Good" or "Fluent" ability:

Do you speak any foreign languages ? Yes  No

If Yes, please specify the language (s) and whether you have "Basic", "Good" or "Fluent" ability:

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## Licence Details

Licence Number: [REDACTED] Expires: [REDACTED] DAY [REDACTED] MTH [REDACTED] YR

Years Driving Experience: [REDACTED]

Does your licence carry endorsement / penalty points? Yes [REDACTED] No [REDACTED]

If Yes, please supply details: [REDACTED]

### Truck Experience

Engines:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Transmissions:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Pneumatics:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Brake systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Electrical repairs:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Diagnostic systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
ABS systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
EBS systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]

### Trailer Experience

Pneumatics:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Brake systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Electrical repairs:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Diagnostic systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
ABS systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
EBS systems:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]

### General Experience

General Welding:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Coded Welding:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]

Team working:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]
Electrical Fault Finding:	Often [REDACTED]	Rarely [REDACTED]	Never [REDACTED]

## SECTION 4.

### Employment Details

**PLEASE GIVE DETAILS OF YOUR EMPLOYMENT HISTORY OVER AT LEAST THE LAST 5 YEARS, STATING YOUR MOST RECENT POSITION FIRST AND WORKING BACKWARDS, EXPLAINING CLEARLY ALL GAPS IN YOUR EMPLOYMENT HISTORY.**

*Please note additional information may be attached if necessary*

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED] Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED] Basic Pay: € [REDACTED] PER WEEK

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED] Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED] Basic Pay: € [REDACTED] PER WEEK

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED] Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED] Basic Pay: € [REDACTED] PER WEEK

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED]

Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED]

Basic Pay: € [REDACTED] PER WEEK

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED]

Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED]

Basic Pay: € [REDACTED] PER WEEK

## SECTION 5.

### Supplementary Information

Are you willing to work overtime and weekends when required? Yes  No

Do you have any pre-existing commitments which may limit your working hours? Yes  No

If Yes, please supply details: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Are you subject to any restraints which may affect your current or future employment? Yes  No

If Yes, please supply details: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Have you ever worked for South Coast before? Yes  No

If Yes, please supply details: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Do you have any pre-existing holidays arranged? Yes  No

If Yes, please supply details: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

If offered a position at South Coast, how much notice must you give your current employer? [REDACTED]

Have you ever been convicted of a Criminal Offence? Yes  No

If Yes, please supply details: [REDACTED]  
[REDACTED]  
[REDACTED]

## SECTION 6.

### References

**PLEASE GIVE DETAILS OF TWO REFEREES, BOTH MUST BE PREVIOUS EMPLOYERS, ONE MUST BE YOUR CURRENT EMPLOYER**

*Please note that your current employer will not under any circumstances be contacted until you have been offered and confirmed acceptance of a job with South Coast Transport.*

#### Referee One

Name: [REDACTED]

Telephone Number: [REDACTED] Company: [REDACTED]

Full Address: [REDACTED]

[REDACTED]

[REDACTED]

Telephone: [REDACTED] Email: [REDACTED]

#### Referee Two (Your Current Employer)

Name: [REDACTED]

Telephone Number: [REDACTED] Company: [REDACTED]

Full Address: [REDACTED]

[REDACTED]

[REDACTED]

Telephone: [REDACTED] Email: [REDACTED]

## SECTION 7.

As a requirement for successful employment within South Coast Transport, it is necessary for us to have access to certain information about you.

Employment offers will be subject to satisfactory references and authorisation from you to access these records.

Please ensure that your application is complete and check that the following have been submitted, incomplete applications will not be assessed.

- All sections completed
- Hand written cover letter
- Copy of your CV
- Form is signed

Please submit the completed application form along with a hand written cover letter, copy of your CV and any supporting documentation to: Recruitment Department, South Coast Transport, Corrin, Fermoy, Co.Cork, Ireland

### DECLARATION

*I declare that the information given by me on this form is true and accurate and that I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of South Coast Transport.*

Signature: ..... Date: .....