



Traineeship Application Form

Traineeship Course: OEM Engineering Traineeship

Personal details

Full Name: _____

First *Last* *Title*

Address: _____
House Name, Street Address

Town/County

Eirecode

Phone: _____ Email: _____

Date of Birth: / / PPS No.: _____

Are you currently in receipt of a Social Welfare Payment? YES NO If yes, specify, _____

Have you applied for a position with, or worked for Combilift? YES NO If yes, specify,

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Education

List your highest qualification. Minimum requirement Leaving Certificate or Equivalent; QQI Level 4 Award or relevant experience.

School/College: _____ Address: _____

From: To: Qualification:

School/College _____ Address: _____

From: To: Qualification:

School/College: _____ Address: _____

From: To: Qualification:

Previous Employment

Company: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Additional Information

Provide any additional information to support your application. Specifically include:

- 1. Any experience you think relevant and include examples of knowledge/expertise/skills.**
- 2. Detail any subjects relating to this traineeship.**
- 3. Information on why you have applied for this Traineeship?**

Disclaimer and Signature

Have you ever been convicted of a criminal offence? Yes/No

This information is required for recruitment and selection to this traineeship in order to comply with Combilift's AEO registration requirements.

I certify that my answers are true and complete to the best of my knowledge. I am aware that providing incorrect information or deliberately concealing relevant facts may result in disqualification from the selection process, or, where discovery is made after recruitment, in summary dismissal from the programme.

I agree to abide by the Code of Practice and Contract of this traineeship, if selected.

Signature: _____ Date: _____

Personal Data on this Form

The information provided on this form will be retained and used by Cavan and Monaghan ETB Training Services. The information provided will be shared with traineeship providers. For further information on what data we collect, why we collect it, how we use it and the legal basis for same, please go to our Data Privacy Notice available in your pack and at <http://cavanmonaghan.etb.ie/data-protection/>

For more information:

Tel: 049 4353923

Email: training@cmetb.ie

Please note if shortlisted you will be asked to provide contact details of one reference.

Return your application via email to training@cmetb.ie

or alternatively post to:

**CMETB,
Recruitment Office,
FET Campus,
CMETB,
Dublin Road,
Cavan,
Co. Cavan,
H12 FW53**

Where did you hear about this course?

☐ Guidance Counsellor ☐ Newspaper ☐ Radio ☐ Social Media ☐ Website ☐ Employer ☐ Other