

INDUSTRIAL EXPERIENCE FORM

NAME _____

NATIONAL INSURANCE NUMBER

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A= FULLY EXPERIENCED

B= SOME EXPERIENCE

Please tick boxes that are relevant to you:

	A	B
APPOINTED FIRST AIDER		
ASSEMBLY WORKER		
BENDI FORKLIFT		
BULK SAMPLE ANALYST		
CHEMICAL PROCESS OPERATIVE		
CLEANER / JANITOR		
COIL WINDING		
COUNTERBALANCE FORKLIFT		
CORE MAKER / MOULDER		
EXTRUSION OPERATIVE		
FOOD PACKAGING / PRODUCTION		
FURNACE OPERATOR		
GLASS OPERATIVE		
GRANULATOR OPERATIVE		
GOODS IN / OUT		
INDUSTRIAL CLEANING		
INJECTION MOULD TECHNICIAN		
LABORATORY TECHNICIAN		
LEAD ANALYST		
LAUNDRY OPERATIVE		
LINE SUPPORTER / FEEDER		
LITTER PICKER		
MACHINE OPERATIVE		
MACHINE SETTER		
MAIL SORTERS		

	A	B
MAINTENANCE TECHNICIAN		
MAN RIDER FORKLIFT		
MANUFACTURING OPERATIVE		
MOT TESTER		
MOTOR VEHICLE TECHNICIAN / MECHANIC		
NARROW ISLE FORKLIFT		
PCB		
PICKER / PACKER		
POLYURETHANE TECHNICIAN		
PRINTER		
PROCESS OPERATIVE		
PRODUCTION OPERATIVE		
QUALITY ASSURANCE		
QUALITY INSPECTION		
REACH FORKLIFT		
REFUSE OPERATIVE		
SECURITY OFFICER / STATIC GUARD		
SHOT BLAST OPERATIVE		
SIA SECURITY OFFICER		
SILK SCREEN PRINTER		
SOLDERING		
STOCK CONTROL		
SUPERVISOR		
TEAM LEADING		
TECHNICAL PROCESS OPERATIVE		

	A	B
TELECOMS FIBRE OPTIC TECHNICIAN		
WAREHOUSE OPERATIVE		
WEIGH BRIDGE OPERATIVE		

