



## Application for Employment

Please complete in block capitals in black ink. All sections must be completed. Application to be returned to: Careers, Todds Leap, 30 Todds Leap Road, Ballygawley, Co Tyrone, BT70 2BW.

### Section 1: Personal Information

Position Applied For \_\_\_\_\_

Reference \_\_\_\_\_

Title (Mr, Mrs, Miss, Ms) \_\_\_\_\_

National Ins No \_\_\_\_\_

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Tel No \_\_\_\_\_

Mobile \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

### Section 2: Education

Qualification Attained	Grade

### Section 3: Other Courses Attended

Please give brief details of other training courses attended which might be of relevance to your application.

Course Provider	Dates From – To	Course & Level	Grade

### Section 4: Employment History

Please give details of present and previous employers, starting with your most recent position (please continue on a separate sheet if necessary)

Name & Address Employer	Dates From – To	Position and Main Duties	Reason for Leaving/Final Salary

## Section 5: Additional Information/ Relevant Experience

Why do you feel you would be suitable for this position? (Attach extra sheet if necessary)

## Section 6: Other Interests/Hobbies

## Section 7: Declarations:

Do you consider yourself to have good health?    Yes       No  

If you answered No, please provide details: \_\_\_\_\_

\_\_\_\_\_

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

If you answered Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

How many days sickness did you have in the past 3 years?    \_\_\_\_\_ days.

What were the reasons for your sickness? \_\_\_\_\_

\_\_\_\_\_

Do you have a current full driving licence?    Yes       No

## Section 8: Referees

Please provide details of two persons from whom we may obtain a reference, one of whom should refer to your work experience. (Persons named should not be family members).

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Tel No \_\_\_\_\_

Position: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Tel No: \_\_\_\_\_

Position: \_\_\_\_\_

I certify that the information given on this form is correct. I understand and accept that if found to have given false information, or to have wilfully suppressed any material fact or to have canvassed, directly or indirectly, I will be liable to disqualification or, if appointed, to dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Monitoring Form

## Reference

We are an equal opportunities employer. The information you give will be used for monitoring purposes only and will not be available to the interview panel.

### Community Background:

Roman Catholic

Protestant

Other

### Gender:

Male

Female

### Ethnic Background

White

Pakistani

Chinese

Black African

Mixed other

Irish Traveller

Indian

Black Caribbean

Black Other

Any Other

### Disability

Please indicate if you have any of the listed forms of disability.

Dyslexia

Mobility

Hearing Difficulty

Mental Health Difficulties

Vision Impairment

Speech Difficulty

Learning Difficulty

Physical Difficulties

A medical condition e.g. Diabetes, Epilepsy, Asthma