



**FURTHER/HIGHER EDUCATION**

Degree/Diploma/Certificate	College/University	Result & Date	Exams to be taken

**PROFESSIONAL QUALIFICATIONS / MEMBERSHIPS**

Professional Body	Result & Date	Registration Number	Expiry Date	Exams to be taken

**EMPLOYMENT RECORD – Present Position**

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

\_\_\_\_\_ Notice Period: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Principle Duties & Responsibilities of Present Position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY – Previous Positions**

Please list all your previous jobs beginning with the most recent, including periods out of work and any training – use a separate sheet if necessary.

Name & Address of Employer	Period of Employment		Reason for Leaving	Position / Grade and Duties
	From	To		

**If you have any gaps in your employment history, please explain below**

**ADDITIONAL INFORMATION**

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this position, at personal and professional level. Specifically, please

**Please provide details of two persons (not friends or relatives) from whom we may obtain both character and work experience references.** At least one should have knowledge of your present/last job and be in a supervisory/management position. Referees will **not** be contacted without your prior approval.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Tel. No.:	Tel. No.:
Relationship to You:	Relationship to You:

**CRIMINAL RECORD**

Please note any criminal convictions, except those 'spent' under the Rehabilitation of Offenders (NI) Order 1978. If none, please state 'none'. In some circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records.

**HEALTH DETAILS**

Do you have a physical or mental impairment which has a substantial and long-term effect on your ability to carry out day-to-day activities?      Yes / No

If yes, please specify any special arrangements you will need to attend an interview:

Please specify any special arrangements required for work, associated with any impairment:

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have or do suffer:

Please detail any form of medicine, drugs or treatment you are currently receiving:

Please provide details of all absences from work over the past 12 months, including reason for absence:

**DECLARATION:**

I declare that all information provided is complete and correct. I understand that false information may lead to any employment being terminated. I confirm that there are no medical reasons which would prevent me carrying out this role and I agree to any necessary enquiries being made during recruitment and selection.

**Signature** .....      **Date** .....