Applicant Ref:		
(Office Use Only)	_	



24 Farlough Road Dungannon Co. Tyrone BT71 4DT

APPLICATION FOR EMPLOYMENT

An Equal Opportunities Employer

Tel: 028 87741122

NOTES:

- Complete form in clear print / handwriting
- Only applications containing all the requested information will be considered
- Applications received after the closing date will not be considered

Job Ref:
Job Title:
Closing Date:

❖ PRIVATE AND CONFIDENTIAL

Forename(s):		Surname:	
Address:			
Postcode: E	Email Addr	ress:	
Telephone No.:	Mobi	le:	
National Insurance Number:			
Current, clean driving licence	Details	of	
valid for use in UK? Yes/No	endors	ements:	
Groups: Expiry Date:			
Are there any restrictions on you	u taking u	employment in the UK?	Yes / No
(If yes, please provide details)			

EDUCATION – Secondary or Grammar School

Subjects Passed	Examining Body	Level e.g. GCSE, A-Level	Grade Achieved	Year

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:		
	Start Date:	
Employer Address:	Salary / Wage:	
	Notice Period:	
	es 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	Period of E	mployment	Reason for	Position / Grade and Duties
Employer	From	То	Leaving	
If you have any ga	ps in your e	mployment	history, please	explain below
ADDITIONAL INFO	ORMATIO	N		
Please detail here you	r <u>reasons for</u>	this applicat	tion, your main a	achievements to date and the
strengths you would br	ing to this po	osition, at pe	rsonal and profe	ssional 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.			

Date

Signature