

APPLICATION FORM

Please complete this form as accurately as possible and return it on or before the closing date. Late applications will not normally be accepted. The Panel will only consider information submitted on this form or other approved means and neither Curriculum Vitae's nor references will be accepted. All information given will be treated with the strictest confidence. Any form of canvassing will disqualify the applicant.

1. POSITION(S) APPLIED FOR:

REFERENCE NO(S):

_____	_____
_____	_____
_____	_____
_____	_____

2. PERSONAL DETAILS:

Surname: _____	National Insurance No: _____
Forename: _____	Telephone No. (Home): _____
Dr/Mr/Mrs/Miss/Ms: _____	(Work): _____
Full Address: _____	(Mobile): _____
_____	Email: _____
Postcode: _____	_____

3. DRIVING LICENCE:

Do you have a clean current driving licence? Yes No

Type of Licence: Car LGV* *Class

Have you a car/access to a car for business use? _____

Please provide details of any endorsements

4. EDUCATION:

Type of school (ie Secondary, Grammar):

Examinations taken and qualifications gained (please specify grades):

Name of College / University:

Subjects taken and qualifications gained (please specify grades / degree class):

Other training / courses attended relevant to the post you are applying for (eg. technical, professional, occupational):

Qualifications gained:

Membership of professional organisations:

Grade of membership:

5. EMPLOYMENT RECORD:

PLEASE LIST MOST RECENT EMPLOYER FIRST.

Name and address of employer and nature of business:	Duration of employment:	Position and main duties and state whether full time, part time or work experience:	Detailed reason for leaving:
Name			
Address:			
Business:			
Name			
Address:			
Business:			
Name			
Address:			
Business:			
Name			
Address:			
Business:			

REFERENCES:

Please provide the names and addresses of two referees, one of whom must be your most recent employer:

1

2

May we contact your referees without prior consent? Yes No

SALARY/EMPLOYMENT:

Current basic pay/salary: £

Expected pay/salary: £

Other benefits:

Are you currently in employment? Yes No

If so, how much notice are you required to give?

6. SKILLS AND EXPERIENCE:

Please clearly demonstrate how you meet the essential and desirable criteria, providing examples where applicable. The Panel will not make any assumptions. What are the main aspects of your employment record which you feel make you suitable for the post you are applying for?

7. ADDITIONAL INFORMATION:

Please use this space to provide any additional information which you consider relevant to your application. This may include eg, leisure interests, hobbies, voluntary work, training:

8. LANGUAGES:

Please state proficiency, including English:

9. I.T SKILLS:

Please indicate your level of I.T. competence, detailing any applications or software with which you are familiar:

10. GENERAL:

Please declare any convictions which are not regarded as 'spent' under the Rehabilitation of Offenders Order (1978):

11. SPECIAL ARRANGEMENTS:

Do you require any special arrangements to be made to assist you if called for interview? If so, please provide details:

12. VACANCY DETAILS:

Where did you learn about this post?

- Friend Job Market Newspaper - Please specify:
- Website Existing Employee Other - Please specify:

13. MEDICAL QUESTIONNAIRE:

Have you been admitted to hospital in the last five years? YES NO

If yes, please provide details:

Discounting holidays, how many days have you been absent from work in the past year?

Please use this space to elaborate on reason for absence:

Do you smoke? YES NO If yes, how many per day?

Please state how much alcohol (if any) you normally consume per week (in units):

14. DECLARATION:**DECLARATION OF APPLICANT:**

I certify that to the best of my knowledge, all information that I have provided is correct. I understand that any false information given or to suppress any material fact will leave me liable to disqualification, or if in employment, dismissal.

SIGNATURE:**DATE:**

If you have completed this application form on behalf of the applicant please complete the following declaration:

I have completed this form based upon information provided to me by the applicant. I understand that I could be held legally liable for any false statement contained herein.

SIGNATURE:**DATE:**

Relationship to applicant:

PLEASE PRINT YOUR NAME AND ADDRESS:**Name:**

Address:

Postcode:

The completed application form must be returned before
4:00pm on the closing date to the following address:

HUMAN RESOURCES DEPARTMENT

Acheson and Glover
127 Crievehill Road
FIVEMILETOWN
Co.Tyrone
BT75 0SY

T: 028 8952 1275

F: 028 8952 1866

www.acheson-glover.com

MONITORING QUESTIONNAIRE

Acheson & Glover are an equal opportunities employer. To demonstrate our commitment to equality of opportunity in employment and to fulfil our obligations under the Fair Employment and Treatment (NI) Order 1998, we require the following information from job applicants. All information will be treated in the strictest confidence.

REFERENCE NO:

1. DATE OF BIRTH:

2. PLEASE INDICATE YOUR
COMMUNITY BACKGROUND:

- I am a member of the Protestant Community
 I am a member of the Roman Catholic Community
 I am a member of neither the Protestant nor Roman Catholic Community

3. PLEASE INDICATE YOUR GENDER:

- I am male
 I am female

4. PLEASE INDICATE YOUR MARITAL STATUS:

- I am married
 I am single
 I am other (Please specify)

5. MY FAMILY STATUS IS:

- Care for other relatives
 No caring responsibilities
 Care for children
 Other (Please specify)

6. DO YOU CONSIDER YOURSELF AS A PERSON
WITH A DISABILITY IN ACCORDANCE WITH
THE DISABILITY DISCRIMINATION ACT?

- YES NO
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