



Ref:
Job Title:
Closing Date:

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

Title (Mr, Mrs, Miss, Ms) _____ National Ins No _____
Surname _____ Forename _____
Tel No _____ Mobile _____
Address: _____
Post Code _____ Email: _____

Do you require a work permit: Yes/No

Section 2: Education - in chronological order

Place Qualification Attained and Subject	Dates From – To	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:

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

Notice required to employer? _____.

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: _____

Notice of appointments are subject to verification of qualifications, satisfactory references, health check, criminal records and confirmation of eligibility to work in UK and to any other criteria Todds Leap deems as appropriate.

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

Insert Reference

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

Date of Birth: _____

If returning by post please place monitoring form in a separate envelope