

# APPLICATION FOR EMPLOYMENT

Form AP1(A)  
NI

## PRIVATE AND CONFIDENTIAL

Return this form to:

Ref. No: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

Surname	Forename(s)	Title
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Address:

Postcode

Telephone Number:

NI No.	
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Current driving licence? Yes/No Groups: Expiry Date:	Details of endorsements
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Are there any restrictions on you taking up employment in the UK? Yes  No  (If yes, please provide details)

## EDUCATION HISTORY

Schools/colleges/university (type only, e.g. technical, grammar, etc.)	Qualifications gained

## EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

## OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

## REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1.	2.
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## CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. In certain 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

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

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

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

## DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
  
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
  
3. I agree that should I be successful in this application, I will, if required, apply for a disclosure of criminal records. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: .....

Date: .....

# HEALTH QUESTIONNAIRE

Form HQ

## PRIVATE & CONFIDENTIAL

Ref No.: .....

Date: .....

Position applied for: .....

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports.

Have you ever had:	* delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No	
Chest pain, heart condition or raised blood pressure?	*Yes/No	
Blackouts, fits or attacks of giddiness?	*Yes/No	
Depression, mental illness or nervous breakdown?	*Yes/No	
Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Varicose veins?	*Yes/No	
Any other accident, operation or illness?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	*Yes/No	
Do you intend to work night duties on a regular basis?	*Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	*Yes/No	
Do you smoke?		
How many units of alcohol do you drink per week?	_____ (one unit = ½ pint beer = 1 glass wine = 1 single whisky)	

# EQUAL OPPORTUNITY MONITORING

Form EO(A)NI

## PRIVATE & CONFIDENTIAL

Ref No.: .....

Date: .....

Position applied for: .....

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To assist us in ensuring that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

Date of Birth: .....

I would describe my ethnic group and sex as:- (please tick one box for your ethnic group and one box for your sex)

- Bangladeshi
- Black African
- Black Caribbean
- Black Other
- Chinese
- Indian
- Irish Traveller
- Mixed Ethnic Group, please specify .....
- Pakistani
- White
- Other, please specify .....

### Sex

- Male  Female

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### FOR MONITORING OFFICER'S USE ONLY

Job Category: .....

Position: .....

NI Number: .....

Date Commenced: .....

# FAIR EMPLOYMENT - QUESTIONNAIRE

Form FE1

**PRIVATE & CONFIDENTIAL**

Date : \_\_\_\_\_

Ref. No : \_\_\_\_\_

Position applied for: \_\_\_\_\_

## EQUALITY OF OPPORTUNITY

We are an equal opportunity employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.

Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Protestant or Roman Catholic. We are therefore asking you to indicate your community background by ticking the appropriate box below.

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

Could you please indicate whether you are Female  male

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method which means that we can make a determination on the basis of personal information on file / application form.

**Note.** It is not compulsory for you to answer the above questions. However we would stress that it is a criminal offence under the legislation for a person to "give false information in connection ... with the preparation of a monitoring return".

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## FOR MONITORING OFFICER'S USE ONLY

Job category number \_\_\_\_\_ Hours \_\_\_\_\_

Position \_\_\_\_\_

Department/location (if applicable) \_\_\_\_\_

N.I. number \_\_\_\_\_

Date commenced \_\_\_\_\_