

APPLICATION FOR EMPLOYMENT

Form AP2(NI)

PRIVATE AND CONFIDENTIAL

Return this form to:

Ref. No: _____

POSITION APPLIED FOR _____

Surname

Forename(s)

Title

Address

Postcode

Date of birth

Telephone
number

NI No.

Current driving licence? Yes/No
Groups: Expiry Date:

Details of
endorsements

Are there any restrictions on you taking up employment in the UK? Yes No (If yes, please provide details)

EDUCATION HISTORY

Schools
(type only, e.g. technical, grammar, etc.)

Qualifications gained

Colleges/Universities

Qualifications gained

Other training

OTHER EMPLOYMENT

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

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

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

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

1.	2.
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LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

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.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

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. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 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: