



# APPLICATION FOR EMPLOYMENT

POST TITLE					
1. PERSONAL DETAILS					
TITLE (Mr/Mrs/Miss/Ms)	SURNAME		FORENAMES		FORMER NAME
DATE OF BIRTH	AGE	NATIONALITY		NATIONAL INSURANCE NO.	
ADDRESS			TELEPHONE NUMBERS :		
			HOME :		
			BUSINESS :		
Do you hold a current driving licence	Type of Licence		Penalty Points/Endorsements		
2. SECONDARY EDUCATION					
From :			To :		
Examining Body	Subject/Module		Higher/Ordinary/Standard/Other	Grade	Year Awarded
3. UNIVERSITY OR FURTHER EDUCATION					
Dates		University, College etc.	Course(s) and Subjects Studied	Degrees, Diplomas, Certificates obtained with Class of Pass	Date Obtained
From	To				

4. MEMBERSHIP OF PROFESSIONAL BODIES

Name of Institution	Class of Membership	Date Elected

5. SPECIALISED TRAINING

Training Body	Nature of Training

6. PRESENT EMPLOYMENT

Name and Address of Employer	Date Commenced	Present Salary	Notice Required

Position held, duties and responsibilities

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7. PREVIOUS EMPLOYMENT (list in order with most recent employer first)

Dates		Name and Address of Employer	Position Held and Nature of Duties	Reason for Leaving
From	To			

8. LEISURE TIME ACTIVITIES OR INTERESTS

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<b>9. REFEREES</b>	
1	Occupation
2	Occupation
3	Occupation
<b>10. JOB SHARING / PART TIME</b>	
Do you wish to apply for this post on a job sharing/part time basis?	Yes / No
If yes please indicate your preferred work arrangement.	
Do you wish to share this post and your present post?	Yes / No
If you have stated yes you must discuss this with your present employer before submitting an application	
<b>11. HEALTH</b>	
(i) How many periods of absence have you had as a result of illness during the past two years?	
(ii) How many days of absence have you had as a result of illness during the past two years?	
(iii) Have you been absent through illness for more than 2 consecutive weeks during the past 2 years?	Yes/No
(iv) Are you aware of any medical condition that could affect your performance at work?	Yes/No
If you answered yes to (i), (ii) or (iv) please supply brief details :	
<b>12. DISABILITY</b>	
If you are registered disabled, please quote RDP No:	
Please state nature of disability	
If you consider yourself to be disabled (whether registered or not) and you are selected for interview, are there any facilities that may assist you at interview? Please state facilities required.	
<b>13. REHABILITATION OF OFFENDERS ACT 1974</b>	
The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended applies to posts that provide Education or Social Services.	
If selected for interview you will be required to complete a subsequent criminal convictions declaration form.	
<b>14. DECLARATION</b>	
I certify that all information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice.	
Signature: .....	Date: .....