

APPLICATION FOR EMPLOYMENT**PRIVATE & CONFIDENTIAL**

Return this form to: ICB CONTRACTS
 13 Seagoe Industrial Estate
 Portadown
 BT63 5QD

POSITION APPLIED FOR Labourer Driver

Ref No: _____

SURNAME		FORENAME		TITLE
ADDRESS			D.O.B.	
			Tel No.	Mobile No.
Current Driving Licence Yes/No Expiry Date			Details of Endorsements	
Groups tick box	<input type="checkbox"/> CE	<input type="checkbox"/> C		

EDUCATION HISTORY

Secondary Schools/Colleges	Qualifications/Certificates Obtained

EMPLOYMENT HISTORY

From	To	Name and Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving

Notice required in current post:

OTHER EMPLOYMENT

Are you in any other employment which you would continue with if you were to be successful in obtaining this position. Eg. bar duty, taxi driving etc.

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.

HEALTH DETAILS

Are you disabled Yes/No

If yes, please give details and specify any special needs in relation to your disability

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

Please list 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 carefully before signing 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)

Signed:

Date:

FOR OFFICE USE ONLY		NI NO.	
Interview Date		Offer letter	Y/N
Acceptance	Y/N	References	Y/N
		Rejection letter	Y/N
		Medical	Y/N
PASS TO ADMIN		DEAD FILE/NEW FILE	

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 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 employees, as required by the Fair Employment Act 1989.

Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. 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.

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

FOR MONITORING OFFICER'S USE ONLY

Job Category Number _____ Hours _____

Position _____

Department / Location (if applicable) _____

N.I. Number _____

Date commenced _____
