



APPLICATION FORM

APPLICANT NAME

POSITION

BRANCH

EMAIL ADDRESS

**Please complete and return to:
Human Resources
Unit 11 Dromore Road Industrial Estate
Dromore Road, Omagh, Co Tyrone
BT78 1RE**

For Office Use Only

Date/Time Rec:

Start Date

Int Det

Confirmed

Please complete this application form in block capitals

Due to the volume of applicants, only candidates that have been shortlisted for interview will be contacted.

PERSONAL INFORMATION

Title

Surname

Forename

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Home Address

Postcode

Telephone Number

Day Time Contact Number

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2. QUALIFICATIONS OBTAINED

Please give details of qualifications, particularly providing details of those essential for this job

Subject	Level	Grade

3. EMPLOYMENT HISTORY

Please list previous employment beginning with the most recent.

Length of Service	Employer	Position Held

4. RELEVANT JOB SKILLS

Summarise job skills acquired & any training which would most suit you for this position.

5. MONITORING QUESTIONNAIRE AND DISABILITY FORM

Please complete these two forms and return in the 'Monitoring Officer' envelope provided. Seal this envelope and include it with your completed application form.

6. ANY OTHER INFORMATION

Please use the space below for any other information, which is relevant.

7. HOW DID YOU FIND OUT ABOUT THIS JOB?

Name of Newspaper _____

Other (Please give details) _____

8. REFEREES

Please supply two referees who may be contacted to provide a reference

Name	Name
Address	Address
Postcode	Postcode
Tel No	Tel No
Position	Position

9. AVAILABILITY

Are there any dates that you would not be available for interview?

Date	Morning and/or afternoon

10. CONVICTIONS

Have you ever been convicted of a criminal offence? YES _____ NO _____

If so please give full details. You need not include motoring convictions unless your driving licence has a current endorsement as a result and you need not include convictions which are "spent" under the Rehabilitation of Offenders (NI) order 1978

11. DECLARATION

I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interview arising from the application.

Signature _____ Date _____

MONITORING QUESTIONNAIRE

Private & Confidential

Position: _____ **Ref:** _____

We are an Equal Opportunities Employer. We do not discriminate on the 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 religion, most of us in Northern Ireland are seen as either 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 Protestant nor the Roman Catholic Community

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 a criminal offence under the legislation for a person to give "false information...in connection with the preparation of the monitoring return".

Please place this form inside a sealed envelope and return along with the application form

Position: _____ Ref: _____

DISABILITY:

Under the *Disability Discrimination Act 1995* a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you are a disabled person?

Yes:

No:

If "yes", please indicate the nature of your impairment by ticking the appropriate box or boxes below:

Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches:

Sensory impairment, such as being blind, or having a serious visual impairment or being deaf, or having a serious hearing impairment:

Mental health condition, such as depression or schizophrenia:

Learning disability or difficulty, such as Down's Syndrome or dyslexia, or **Cognitive impairment**, such as autistic spectrum disorder:

Long-standing or progressive illness or health condition, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:

Other (please specify):

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Please place this form inside a sealed envelope and return along with the application form