

Application Form



EMPLOYEE APPLICATION FORM (Strictly Confidential)

Please take time to complete the questions that follow and return on or before the closing date/time specified. Any information provided will be treated in the strictest of confidence and no contact will be made with present or past employers without prior permission.

If you are disabled and wish to submit an application form in Braille or audio cassette or if you require assistance at an interview such as an interpreter or access to the premises, please inform the administrator.

Job Reference..... Position..... Date.....

1. PERSONAL DETAILS: (Block letters)

Mr/Miss/Ms/Mrs Address.....
First Name(s)
Surname..... Postcode.....
National Insurance Number..... Home Telephone.....
Mobile

2. EDUCATION AND TRAINING:

Name & Type of School: (Grammar / Secondary/College)	Examination taken:	Subject and results: (Specify Grades)

Please give details of any training courses attended or awards achieved, including dates if appropriate:

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3. EMPLOYMENT HISTORY:

Please list chronologically, starting with your current or last employer, showing all periods of employment and unemployment.

Name & Address of Employer	Position	From	To	Reason for Leaving

Please state in brief the nature of duties and responsibilities in your current/last position:

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4. REFERENCES:

Please give the names and contact details of THREE referees. ONE character and TWO work related. One should be from your present or most recent employment.

Name	Name	Name
Address.....	Address.....	Address.....
.....
Occupation	Occupation	Occupation

Please tell me why you have applied for this position and give examples of things you have done or qualities that you have that make you particularly suitable for the position:

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N.B. NO APPROACH WILL BE MADE TO YOUR PRESENT EMPLOYER BEFORE AN OFFER OF EMPLOYMENT IS MADE TO YOU.

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5. ADDITIONAL INFORMATION:

Period of notice required Salary/Wage expectations.....

Please give details of any restrictions to the days/hours you are able to work:

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NOTE:

As this position involves the care of children, employment is dependent on the following:

- Your consent to us obtaining any required/relevant background checks including Criminal Records.
- That you provide us with proof of your identity – birth or marriage certificate (where appropriate) and passport (if available).
- That we receive two satisfactory written references and one character reference.
- That you will supply a photograph of yourself for retention in our records.

6. Disability Discrimination Act 1995:

Section 1 of this act defines a disabled person as a person with "physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities"

Using this definition, would you consider yourself to be disabled? Yes/ No

If yes, do you require any special arrangements to be made to assist you if called for interview?

Please provide details:

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7. Cautions, Rehabilitation and Criminal records:

NOTE: Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you will be subject to a pre-employment check (PECS). Any standard or enhanced disclosure made will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details:

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8. DECLARATION:

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. 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. 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.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, to undertake a PECS check for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signed..... Dated.....

Thank you for taking the time to fill out the application form. All information provided will be treated in the strictest confidence. Please fill out the attached health questionnaire and Fair Employment Monitoring forms enclosed and return to:

The Administrator
Bella Bambinos Ltd
9 Lower Quilly Road,
Dromore, Co. Down,
BT25 1NL