

APPLICATION FOR EMPLOYMENT

Form AP2(NI)

PRIVATE AND CONFIDENTIAL Return this form to: _____ Ref No _____		
POSITION APPLIED FOR _____		
Surname	Forename(s)	Title
Address		
Date of Birth		Telephone Number
Current Driving License?	Yes/No Groups Expiry date	Details of endorsements

EDUCATION HISTORY

SCHOOLS (type only e.g. technical, grammar)	Qualifications gained
Colleges / Universities	Qualifications gained
Other Training	

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 we may obtain both character and work experience references.

1.	2.
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OTHER EMPLOYMENT

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

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state.

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

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 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 organization 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

First interview date and notes:

Second interview date and notes:

Offer letter: Y/N

Rejection Letter: Y/N

Acceptance: Y/N

References: Y/N

Medical: Y/N

PASS TO ADMIN:

DEAD FILE/NEW FILE

