

Backrow Recreation Centre



APPLICATION FORM

Position applied for.....Reference Number.....

Surname:.....	Forename:.....Mr/Mrs/Ms/Miss
Address:.....	
..... Postcode:.....	
Telephone No: (Work)	(Home)
Email:	Date of birth

EDUCATION (post 11years)			
Dates	School/College/ University	Subjects	Grade

PROFESSIONAL QUALIFICATIONS	
Name of professional body or bodies	Details

EMPLOYMENT HISTORY (please start with your present or last employment)				
Dates	Name & Address of Employer	Position Held & Brief Description of Duties	Reason for Leaving	Salary

Giving examples, state why you think you would be suitable for this job.

MEDICAL HISTORY
 (Give details of any illness, disability, operation or accident resulting in lengthy absence from work)

REFEREES – Please provide the name and address of two referees (at least one of whom must be your Present or past employer)

Name, address & telephone number	Name, address & telephone number

I certify that all the information I have given is correct. I understand that any false information given may result in any job offer being withdrawn.

Signed: Date:

Please return the completed application form along with the Monitoring Form in the envelope provided to:

**Emma Welsh
The Workspace Group
The Business Centre
Draperstown
BT45 7AG**

By Friday 1st August 2014 at 5.00pm

Monitoring Questionnaire

We are an Equal Opportunities employer. We do not discriminate on 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 employees, as required by the Fair Employment (NI) Order 1998.

1. Perceived Religious Affiliation

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

2. Gender

Please indicate whether you are:

Female

Male

3. Marital Status

Please indicate whether you are:

Married

Single

Other

4. Disability

In line with the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities”.

Having read this definition, do you consider yourself to have a disability? Yes No

5. Cultural/Ethnic Origin

Chinese

Traveller

Indian

Pakistani

White

Black/African-Caribbean

Other (please specify) _____

Please complete and return with your application form to the Monitoring Officer