

Jolly Rodgers Day Nursery Limited
47 Antrim Road, Lisburn, Co. Antrim BT28 3EB

APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

| | | |
|------------------------------|--------------------------|--|
| Reference No: | To be Returned by | |
| Position applied for: | | |

PERSONAL DETAILS

| | | |
|--|-------------------------------|---------------------------|
| Mr / Mrs / Miss / Ms Please delete as appropriate | First Names : | Surname (Block Letters) : |
| Home Address : | | |
| Telephone Number(s) : | | |
| E-mail Address: | | |
| National Ins. No.: | | |
| Current Driving Licence : YES / NO | Own a Motor Car : YES / NO | |
| Currently Employed : YES / NO | Notice Required : | |

CRIMINAL RECORD DETAILS – Please ensure that you read and complete this section carefully

NB: The Management has a responsibility to check whether persons who apply for posts in the Nursery have a criminal record. In order for Management to fulfil this responsibility, you are required on this form to declare any criminal conviction you may have. This post is exempt from Article 5 of the Rehabilitation of Offenders (N.I.) Order 1978 by virtue of the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979 which means you are not entitled to withhold information about convictions. It is important to note therefore that all bind-overs, cautions or convictions must be declared including those otherwise considered as 'spent'. The fact that a person has a criminal record does not automatically render him or her unsuitable for the post. You should be advised that the above includes DRIVING OFFENCES AND ABSOLUTE DISCHARGES. A candidate found to have failed to declare any of the above will be liable to disqualification or, if appointed, to dismissal. Any information given will be completely confidential.

Have you been convicted in a court of law of any criminal offence? YES / NO
 If yes please give details below:

EDUCATION

| Dates | | Type of school attended, e.g. Grammar / Secondary (Do not name school attended) | Examinations taken, results obtained, subjects passed, scholarships and prizes |
|-------|----|--|---|
| From | To | | |
| | | | |

FURTHER EDUCATION

| Dates | | Name of College, University | Subjects studied | Examinations taken, results obtained, subjects passed, scholarships and prizes |
|-------|----|--------------------------------|------------------|---|
| From | To | | | |
| | | | | |

ADDITIONAL TRAINING / PROFESSIONAL QUALIFICATIONS

| Dates | | Awarding Body | Course title and content | Result |
|-------|----|---------------|--------------------------|--------|
| From | To | | | |
| | | | | |

EMPLOYMENT HISTORY

Please list all your work history since completing full-time education, beginning with your present or most recent position.

CURRENT EMPLOYMENT

| Dates | | Name of employer, address and nature of business | Position and main responsibilities | Starting & leaving salary | Reason for wanting to leave |
|-------|----|--|------------------------------------|---------------------------|-----------------------------|
| From | To | | | | |
| | | | | | |

EMPLOYMENT HISTORY

| Dates | | Name of employer, address, and nature of business | Position held and brief details of duties | Reason for leaving and leaving salary |
|-------|----|---|---|---------------------------------------|
| From | To | | | |
| | | | | |
| | | | | |
| | | | | |

Please list all your previous work history beginning with your next most recent etc.

Please continue on a separate sheet if necessary, using the same format as above

N.B. - All gaps in employment history must be accounted for

INFORMATION IN SUPPORT OF YOUR APPLICATION

The information provided in this section will be used to assess your application at the short listing stage, and your answers **must** demonstrate how your skills and experience meet the essential and desirable criteria specified in the advertisement or the information contained within the Application Pack, where applicable.

Please use an additional sheet if necessary. **Failure to show how you meet the specifications in full will result in your application being rejected.**

Please give the dates of any holiday commitments or dates not available for interview, if applicable.

From:/...../..... **To:**/...../.....

From:/...../..... **To:**/...../.....

Do you require any special arrangements to be made to assist you if called for interview? YES /NO
If yes, please provide details:

In line with the Asylum & Immigration Act 1996, applicants must be eligible to live and work in the UK without restrictions. Do you have the right to take up employment in the United Kingdom? YES/NO

Do you require a Work Permit or Workers Registration? YES/NO

If yes please provide details.

REFERENCES

Please give the names of two referees, both of whom should be familiar with your work.

Name :

Name :

Address :

Address :

Tel. No. :

Tel. No. :

Email address:

Email address:

Occupation :

Occupation :

A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be liable to disqualification, or, if appointed, to dismissal.

Data Protection Act

I understand that the data contained in this application form and the “sensitive personal data” on the attached monitoring form will be retained on file and may be processed by the Company for use in connection with this application for employment, or to comply with any requirement of statutory legislation in order for the Company to comply with its legal obligations, and I hereby agree to any such processing by the Company. The Company will ensure that I am safeguarded against the possible misuse of any personal information about me that is kept on file by strictly controlling access and use. Such access and use will be in compliance with the Data Protection legislation and will be on a “need to know” basis only.

I declare that to the best of my knowledge and belief all the foregoing statements are true and complete.

Signature of applicant : _____

Date : _____

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

CONFIDENTIAL HEALTH QUESTIONNAIRE

Please note a **YES** answer does **NOT** mean you will be automatically rejected for employment. You should provide as much detail to your answer as possible.

Please delete as appropriate:

| | |
|---|------------|
| Do you suffer, or have you ever suffered from any chest disease, pain, angina or heart trouble or disease? | YES / NO |
| Do you suffer, or have you ever suffered from epilepsy, fits, blackouts, fainting or unexplained loss of consciousness? | YES / NO |
| Do you suffer, or have you ever suffered from head injuries leading to loss of consciousness requiring hospital admission? | YES / NO |
| Do you suffer, or have you ever suffered from gastric or duodenal ulcers? | YES / NO |
| Do you have any skin disease or have you ever suffered from the same? | YES / NO |
| Do you suffer, or have you ever suffered from any blood pressure anomalies or blood disorders? | YES / NO |
| Do you suffer, or have you ever suffered from a back injury or related complaint? | YES / NO |
| Do you suffer, or have you ever suffered from any eyesight problems? (i.e. any difficulty which is not corrected by spectacles or contact lenses) e.g. colour blindness, field defects, cataracts, glaucoma | YES / NO |
| Do you suffer, or have you ever suffered from any hearing problems? | YES / NO |
| Do you suffer, or have you ever suffered from recurrent headaches or migraine? | YES / NO |
| Do you suffer, or have you ever suffered from asthma, bronchitis, emphysema or any other lung disorder? | YES / NO |
| Do you suffer, or have you ever suffered from anxiety, depression, phobias, mental breakdown or stress related problems? | YES / NO |
| Do you have any disabilities which may need to be assessed in connection with your application? A disabled person is a person with a <i>'physical or mental impairment which has a substantial or long term effect on his/her ability to carry out normal day-to-day activities.'</i> | YES / NO |
| Using this definition, would you consider yourself to be disabled? | YES / NO |
| Have you claimed for industrial injuries or received compensation at common law against a previous employer? | YES / NO |
| If you have answered YES to any of the above, please describe: | |
| | |
| Have you ever had any serious illness, Operation or Accident? | YES / NO |
| If YES, please give details: | |
| | |
| How many days absence have you had in the past two years? | Days |
| Are you currently under the care of a doctor or other medical professional or having any medical treatment or medication? | |
| YES / NO | |
| If yes please specify: | |
| | |
| Is there any other matter concerning your health not covered by the above questions? | |
| | |

Signature of applicant: _____

Date: _____

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EQUALITY OF OPPORTUNITY

N.B. - This form is regarded as part of your application and failure to complete and return it will result in disqualification.

We are an Equal Opportunities Employer. We do not discriminate on grounds of age, perceived religious or political affiliation, sex, marital status, disability, colour, sexual orientation, race or ethnic origin. 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 of our employees, and applicants, as required by the Fair Employment (N.I.) Order 1998.

We are therefore asking you to give us extra information which will be treated in the strictest confidence, and used for monitoring purposes only. This extra form will not be filed with other details, as given on your application form.

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.

Whether or not you are from Northern Ireland, you should answer the question below by indicating which community or religious background you might be perceived to come from. Even if you no longer practice any religion, the aforementioned legislation still obliges us to classify your perceived community background/religious affiliation, in order to monitor the effectiveness of our policy on equality of opportunity.

We are therefore asking you to indicate your community background by ticking the appropriate box.

Section A

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 the Roman Catholic Community []

Section B

I am a Male []

I am a Female []

Section C

Please tick as appropriate: -

White European Asian (Pakistan, Indian) Asian (China, SE Asia) Irish Traveller

Other (please specify) _____

Section D

Date of birth: (i.e. DD/MM/YY) _____

N.B. - It is a criminal offence under the legislation for a person to 'give false information in connection with the preparation of the monitoring return'.
