APPLICATION FORM
PRIVATE & CONFIDENTIAL

Personnel Reference Number:

Title:	**Forename(s):**	**Surname:**
Home Address **Postcode:**		
Private Telephone No:	**Business Telephone No:**	
Date of Birth:	**Email Address:**	
Are you legally eligible for employment in this country?	**Yes**	**No**
Is your ability to perform the particular job for which you are applying limited in any way?		
If so, how can we overcome this?		

Do you have a relevant current driving licence?	**Yes**	**No**
Please give details of any driving offences currently under endorsement:		

Give details of any unspent criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974.)

EMPLOYMENT

Position applied for:
Pay Expected: £ per
Would you work full time? YES/NO. Part-time, state days/hours
If offered this position, will you continue to work in any other capacity?
Have you previously worked for us? YES/NO. If YES, when?
On what date would you be available for work?

EDUCATION, QUALIFICATIONS & TRAINING

Beginning with the most recent events, give details of your education, qualifications and training to date.

Include under 'Details' the places you attended.

Details	**Dates From/To**	**Qualifications Granted**

Professional membership and qualifications:

Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this job.

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name & address of Employer	From		To		Starting Salary	Leaving Salary	Name of Manager
	Mth	Yr	Mth	Yr			
	Job Title: **Describe the work you did:**						
Tel No: **Type of Business:**	**Reason for leaving:**						

Name & address of Employer	From		To		Starting Salary	Leaving Salary	Name of Manager
	Mth	Yr	Mth	Yr			
	Job Title: **Describe the work you did:**						
Tel No: **Type of Business:**	**Reason for leaving:**						

Name & address of Employer	From		To		Starting Salary	Leaving Salary	Name of Manager
	Mth	Yr	Mth	Yr			
	Job Title: **Describe the work you did:**						
Tel No: **Type of Business:**	**Reason for leaving:**						

Name & address of Employer	From		To		Starting Salary	Leaving Salary	Name of Manager
	Mth	Yr	Mth	Yr			
	Job Title: **Describe the work you did:**						
Tel No: **Type of Business:**	**Reason for leaving:**						

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references

Name **Occupation** **Address** **Telephone**	**Name** **Occupation** **Address** **Telephone**

ADDITIONAL INFORMATION

Give any further information which you think may assist us in consideration of your application

I declare that to the best of my knowledge and belief the information given in this application is correct: **Signed:** **Date:**

FOR OFFICE USE ONLY

Interviewer: **Date:** **Comments:**

REFERENCE CHECK

Position No.	Results of Reference Check
I	
II	
III	
IV	

EMPLOYEE MEDICAL QUESTIONNAIRE

1. PERSONAL DETAILS

Forename(s):		**Surname:**	
Date of Birth:		**Telephone Nr:**	
Address:			
Name / Phone Nr of Next of Kin:			
Name and Address of GP:			
Job Title:			

2. OCCUPATIONAL HISTORY

Has your employment ever been terminated on the grounds of ill health? **Yes** **No**

Approximately how many days/weeks sickness absence did you have?

In the last 12 months: ☐ **In the 12 months prior to that:** ☐

3. MEDICAL HISTORY

What is your Height?	**What is your weight?**
How many units of alcohol do you consume weekly?	
Do you smoke?	
Are you currently taking prescribed medicine?	
Are you currently under the care of a doctor or other medical professional?	
When did you last consult your GP and why?	

3.1 Please indicate below if you are currently suffering from or have suffered from any of the illnesses listed:

	Yes	No
Heart trouble		
Lung disease		
Stomach/bowel trouble		
Jaundice/hepatitis		
Joint problems		
Diabetes		
Allergies		

Headaches/migraines		
Severe stress reaction		
Serious accident		
High blood pressure		
Asthma		
Hernia or rupture		
Kidney/bladder disorder		
Back/neck problems		
Fits/blackouts/epilepsy		
Depression/anxiety		
Hearing/sight problems		
Skin problems		
Surgical operations		

If you have answered "yes" to any questions in section 2 or 3 please give details and approximate dates where relevant.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

IF YOU EXPERIENCE ANY CHANGE IN YOUR HEALTH STATUS FOLLOWING THE BEGINNING OF YOUR EMPLOYMENT WITH TRACEY BROTHERS, PLEASE ENSURE YOU INFORM THE HEALTH AND SAFETY DEPARTMENT.

Signature _____

Date _____

SELF CLASSIFICATION - BY EMPLOYEE/JOB APPLICANT

The attached form asks you to provide information on your community background. This leaflet explains why.

We are fair employers; we do not discriminate on the grounds of religious belief or political opinion; we practice equality of opportunity in employment.

Most important of all - we operate the merit principle ie we select the best man or woman for the job, or promotion/training opportunity.
We want to show we are fair employers; we want to demonstrate - clearly and openly - our commitment to equality of opportunity in employment.
To do so we need to monitor the community background of our employees and job applicants.

So we are asking you to help us by completing the attached form.

The information that you are asked to supply will be treated in the strictest confidence and protected from misuse.
It will be used only for the purpose of monitoring our equality of opportunity in the employment policy.

The terms of this leaflet are as recommended to employers by Government and they have been agreed with your trade unions and/or employee representatives.

FAIR EMPLOYMENT (NORTHERN IRELAND) ACT 1989
NAME OF COMPANY: TRACEY BROTHERS LTD
QUESTIONNAIRE ON COMMUNITY BACKGROUND

Personnel Reference Number:

Please indicate the community to which you belong 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 the Protestant nor the Roman Catholic Community ☐

Also, please indicate your sex:

Male ☐ Female ☐

When you have completed this form you should put it in an envelope, seal it and send it to:

The Personnel Officer
Tracey Brothers Ltd, Drumlyon House, Drumlyon,
Enniskillen, Co Fermanagh, BT74 5TB

Thank you for your co-operation.

The information which you give on this form will be treated in the strictest confidence and will not be used for any purpose other than monitoring the company's policy on equality of opportunity.