



APPLICATION FOR EMPLOYMENT

Return completed application form to:

**Human Resources Dept.
Manor House Country Hotel,
Killadeas
Co. Fermanagh
BT94 1NY
Telephone: 028 686 22217**

REF:

PLEASE USE BLOCK CAPITALS THROUGHOUT

Post applied for

If appointed when could you start?

Where did you see this post advertised _____

PERSONAL DETAILS

Title (Mr, Mrs etc)

Forenames (in full)

Surname

Maiden Name

National Insurance Number

Email Address

Address Inc postcode for further communication

Telephone Number (Home)

(Mobile)

Do you need a work permit to work here in the UK? Yes or No

Do you hold a full UK Driving Licence? Yes or No

Are you a car owner?

Approximately how many days sickness absence have you had in the last 12 months?

Reasons*

Have you worked previously for us? Yes or No

If yes please give dates and details.*

Next of kin or who to contact in case of emergency

Name, Address and Postcode

Relationship

Telephone Numbers

Home

Mobile

EDUCATION

List all qualifications and date of achievement.

Qualification <small>(GCSE,A-Level etc)</small>	Subject	Examining Board	Grade	Date Awarded

EMPLOYMENT (Please state most recent or present position first)

Name of employer..... Type of Business.....

Employment Dates From...../...../..... To...../...../.....

Full Postal Address (including postcode)

.....
.....

Job Title..... Gross Annual Salary.....

Please provide a brief description of main duties involved in this position:

.....
.....
.....

Please state your reason for leaving/wishing to leave.

.....

Name of employer..... Type of Business.....

Employment Dates From...../...../..... To...../...../.....

Full Postal Address (including postcode)

.....
.....

Job Title..... Gross Annual Salary.....

Please provide a brief description of main duties involved in this position:

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Please state your reason for leaving/wishing to leave.

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Name of employer..... Type of Business.....

Employment Dates From...../...../..... To...../...../.....

Full Postal Address (including postcode)

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Job Title..... Gross Annual Salary.....

Please provide a brief description of main duties involved in this position:

.....
.....

Please state your reason for leaving/wishing to leave

.....

PLEASE GIVE DETAILS OF ANY AND ALL PERIODS OF UNEMPLOYMENT

FURTHER INFORMATION (Continue on a separate sheet if necessary)

Please indicate your reasons for applying for this post. You are also invited to give here any additional information which you wish to have taken into account in support of your application and to list hobbies, spare time activities, interests, membership of voluntary organisations etc.

REFERENCES

It is the policy of the Company to take up employment references. Please give the **names, addresses and telephone numbers** of two employment references to whom references can be made. One should be a present or most recent employer. If you have not previously been employed please give two personal/character referees who should know you in a professional capacity e.g. Teacher, Member of the clergy etc.

Name:
Company:
Position:
Tel No.:
Address:

Name:
Company:
Position:
Tel No.:
Address:

Have you ever been found guilty or been convicted of any offences by any offence by any court or are you the subject of any legal proceedings not yet resolved? Yes or No?

If Yes please give details

PLEASE READ THIS SECTION VERY CAREFULLY BEFORE SIGNING

I declare that the information given on this form is, to the best of my knowledge, true and I understand that if, subsequently, it is discovered that any statement is false or misleading then I may be dismissed from the company.

THE COMPANY RESERVES THE RIGHT NOT TO GIVE CONSIDERATION TO PARTIALLY COMPLETED APPLICATION FORMS. PLEASE ENSURE ALL SECTIONS HAVE BEEN COMPLETED CAREFULLY.

APPLICANTS SIGNATURE.....

DATE.....

Private & Confidential
Monitoring Return Form
For Monitoring Purposes Only

Please complete and return in the envelope provided

Monitoring Reference Number: _____

Guidance Notes:

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or have a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under *Fair Employment & Treatment (NI) Order 1998*.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.

Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest of confidence. We assure that your answers will not be used to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

Community Background

Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

Please indicate the community to which you belong by ticking the appropriate box below:

I am a member of the Protestant Community	<input type="checkbox"/>
I am a member of the Roman Catholic Community	<input type="checkbox"/>
I am neither a member of the Protestant or the Roman Catholic Community	<input type="checkbox"/>

If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information by you in your application form/personnel file.

Sex

Please indicate your sex by ticking the appropriate box below:

Male Female

Note: if you answer these questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.

Age

Please state your date of birth: _____

Racial Group

Please state your nationality:

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish Traveler	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black - African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black - Other Please Specify	<input type="checkbox"/>	Other - Please Specify	<input type="checkbox"/>

Mixed ethnic group (please state which): _____

Any other ethnic group (please state which): _____

Marital Status / Civil Partnership Status

Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:

Are you married or in a civil partnership? Yes No

Dependants / Caring Responsibilities

Do you have dependants or caring responsibilities for family members or other persons?

Yes No

If you answered "yes", please indicate whether your dependants or the people you look after are:

A child or children		A disabled person or persons		An elderly person or persons		Other	
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If "other", please specify: _____

Sexual Orientation

Please indicate your sexual orientation by ticking the appropriate box below:

My sexual orientation is towards:

Persons of a different sex to me: (i.e. I am a heterosexual man or woman)		Persons of the same sex as me: (i.e. I am a gay man or lesbian)		Persons of both sexes: (i.e. I am a bisexual man or woman)	
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Disability

Under the *Disability Discrimination Act 1995* a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment without treatment which determines whether the individual meets this definition.

Do you consider that you are a disabled person? Yes No

If you answered "yes" please indicate the nature of your impairment by ticking the appropriate box or boxes below:

Physical impairment , such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches:	
Sensory impairment , such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment:	
Mental health condition , such as depression or schizophrenia:	
Learning disability or difficulty , such as Down's Syndrome or dyslexia or Cognitive impairment , such as autistic spectrum disorder:	
Long-standing or progressive illness or health condition , such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:	

Other (please specify): _____

