



Reference Number: _____

Position Applied For: _____

Closing Date: _____

APPLICATION FOR EMPLOYMENT

Completed Applications should be returned in the envelope provided to:

THE MONITORING OFFICER

*Please complete in **Black Ink** and in **Block Capitals***

A. PERSONAL DETAILS

FORENAMES:		SURNAME:	
ADDRESS:			
POSTCODE:		NATIONAL INSURANCE NUMBER:	
HOME TEL NUMBER:	MOBILE TEL NUMBER:	EMAIL ADDRESS:	

Have you worked for this organisation before? Yes / No

If yes, please give details: _____

Do you hold a current Driving Licence? Yes / No If yes, state Class or Category: _____

Date licence was obtained: _____

Do you hold a current H.G.V. licence? Yes / No If yes, state Class or Category: _____

Date licence was obtained: _____

Have you had any convictions for driving offences? Yes / No

If yes, please give dates and details: _____

B. SPECIAL REQUIREMENTS

If you are invited to attend for interview, are there any reasonable adjustments or arrangements you require?
Yes / No

If yes, please give details: _____

Is there any date/time when you would not be available for interview if required? _____

F. INTERESTS, HOBBIES & SPORTS

Please give details of your spare time interests and hobbies including details of membership of committees, voluntary work etc.

G. REFEREES

Please give the names and addresses of two persons who have agreed to act as referees and who have known you for at least two years. At least one referee should have detailed knowledge of your career to date and neither should be a relative. Prior to making an offer of employment, the company will require a reference from your current employer.

Name: _____

Name: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Telephone Number: _____

Telephone Number: _____

H. CRIMINAL CONVICTIONS

Have you ever been convicted of a Criminal Offence excluding convictions which are regarded as 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978? Yes / No

If yes, please give details in a separate, sealed envelope marked confidential.

I. DECLARATION

I hereby declare that the information given in this application is, to be best of my knowledge, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the Company other than for any services rendered.

SIGNATURE: _____

DATE: _____

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

1. Personal details:

Name and address of GP:	
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2. Occupational history:

Has your employment ever been terminated on the grounds of ill health? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately how many days/weeks sickness absence have you had in the last 12 months?

3. Medical history:

What is your height:		What is your weight:	
What is your weekly consumption of alcohol:			
Do you smoke:			
Are you currently taking prescribed medicine:			
Are you currently under the care of a doctor or other medical professional:			

3.1 Are you currently suffering from or have suffered from any of the illnesses listed below:

Heart Trouble	YES/NO	Lung disease	YES/NO	Stomach / bowel trouble	YES/NO
Jaundice / hepatitis	YES/NO	Joint Problems	YES/NO	Headaches / migraines	YES/NO
Diabetes	YES/NO	Allergies	YES/NO	Severe stress reaction	YES/NO
Serious accident	YES/NO	High blood pressure	YES/NO	Asthma	YES/NO
Hernia or rupture	YES/NO	Kidney / bladder disorder	YES/NO	Back/neck problems	YES/NO
Fits/blackouts / epilepsy	YES/NO	Depression / anxiety	YES/NO	Hearing / sight problems	YES/NO
Skin problems	YES/NO	Surgical operations	YES/NO	Mobility problems	YES/NO

If you have answered "yes" to any questions in section 2 or 3 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" can be made.

Please note: If you are appointed to the position you will be required to undergo a pre-employment medical which will include a Drugs and Alcohol test.

To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal. I consent under Data Protection legislation to the company processing the information I have provided on this Questionnaire for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the company deems necessary and that the information may be passed to a third party such as a Medical Assessor for comments.

Signature:	Date:
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FANE VALLEY CO-OPERATIVE SOCIETY LIMITED

An Equal Opportunities Employer

Reference Number: _____

Fane Valley Co-Operative Society Limited is an Equal Opportunities Employer. The company will provide equality of opportunity for all employees and job applicants based on the individual's job performance, ability and merit. The aim of the policy is to ensure that no employee or job applicant receives less favourable treatment on the grounds of sex, marital status, ethnic origin, disability, religious beliefs or political opinion. This principle will apply to recruitment, promotion, transfer, training, benefits, facilities and all terms and conditions of employment. The company recognises the need for positive action to encourage equality of opportunity for all and will pursue policies designed to promote equality and eliminate discrimination and will regularly review their effectiveness.

Under the provisions of the Fair Employment & Treatment (NI) Order 1998, we are required to monitor the community background of all our job applicants. This information helps us to monitor the effectiveness of our policy and to ensure that our employment practices are fair. The answers to the questions below will be treated as strictly confidential and will be retained separately and will not be used as the basis for any employment decision.

Your co-operation would be of great value since the provision of the information is essential in order to enable us to demonstrate that our employment practices are fair.

Post Applied For: _____

How did you hear of the Vacancy: _____

1. Sex Male _____ Female _____

2. **Community**

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

I am a member of the Protestant Community _____

I am a member of the Roman Catholic Community _____

Other Community _____

3. **Date of Birth** Please indicate your date of birth: _____/_____/_____

Thank you for your co-operation.

***For Office Use Only**

New Start Checklist

- Offer Letter**

- References Checked**

- Start Date** ____ / ____ / ____

- Salary / Rate of Pay** £ _____ *per annum / per hour*

- Pre-Employment Medical** ____ / ____ / ____

- Induction Training** ____ / ____ / ____

- Pension Illustration**

- Probationary Assessment Complete**

Notes:

Please Note:

- **Complete all the documents enclosed e.g. Pre-Employment Medical Questionnaire or any others where applicable.**
- **Complete the Equal Opportunities Monitoring Form**
- **Ensure the Equal Opportunities Monitoring Form and other forms (where applicable) are returned with completed Application Form otherwise your application may not be processed**
- **All forms are received directly by the Monitoring Officer who will remove the Equal Opportunities Monitoring Form from the Application Form. Monitoring Information is not made available to those involved in the selection process.**