Ref. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied For: Date Received:

**Note: ALL SECTIONS MUST BE COMPLETED IN FULL**

**PERSONAL PARTICULARS (Please use BLOCK Capitals)**

|  |  |
| --- | --- |
| **Title:** Mr / Mrs / Miss / Ms | **National Insurance Number:** |
| **Surname:** | **Do you have transport to work?**  YES / NO |
| **First Names:** | |
| **Address:**  **Post Code:** | |
| **Contact Number:** | |

Please give the names and addresses of two people (not relatives) who can be approached for a reference: (at least one must be present or last employer)

**Reference 1:**

Name: Occupation:

Address: Tele. No.:

**Reference 2:**

Name: Occupation:

Address: Tele. No.:

**GENERAL EDUCTAION** Please give details of schools attended, post primary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** |  | **Type of School** | **Examinations**: Give Subjects & Results |
| From | To | (i.e. – Secondary School, Grammer, etc) |  |
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**FURTHER EDUCATION AND TRAINING**

Please give details of further education since leaving school including training courses.

State under “Type of training” if full time, day release, evening or correspondence.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | | | | Name of University,  College, Institute | Type of training | Subjects Studied | Qualifications obtained. Give class of pass, special prizes obtained. |
| From | | To | |
| *M* | *Y* | *M* | *Y* |
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| **Have you ever been convicted of a Criminal Offence?** (Which is not spent under The Rehabilitation of Offenders (NI) Order): Yes / No |
| **Are you in receipt of any benefits from DHSS and if so what?** |
| **EMERGENCY** Contact (preferably next of kin) |
| Name: Relationship: |
| Address: |
| Postcode: Tel. No. (Home): (Work): |
| Details of any Holiday commitments: |

**EMPLOYMENT HISTORY-** Please list in date order all organistaions for which you have worked, starting with your present or most recent employment stating gaps in employment. Please complete this section fully. Failure to do so may result in disqualification.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | | | | Name and Address of PRESENT OR LAST employer | Nature of Business  Approximated number of employees | Title of job/Main Duties to/Numbers directly controlled/Notice Period | Salary and benefits  Before Commencement On Tax Leaving |
| From | | To | |
| *M* | *Y* | *M* | *Y* |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | | | | Name and Address of PREVIOUS employers | Nature of Business  Approximated number of employees | Title of job/Main Duties to/Numbers directly controlled/Responsible to – Reasons for leaving/Notice Period | Salary and benefits  Commencement On Leaving |
| From | | To | |
| *M* | *Y* | *M* | *Y* |
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**GENERAL** (answer all questions)

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| Membership of professional bodies or trade union (state responsible position held) |
| CRITERIA FOR POSITION  Please demonstrate CLERALY how you meet the essential and/or desirable criteria outlined for the position as stated in the job advertisement.  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**DECLARATION BY APPLICANT**

|  |
| --- |
| I confirm that the above information is correct and understand that misleading statements or deliberate omissions may be sufficient grounds for cancelling any agreements made.  Signed…………………………………………………………………………. Dated………………………………………. |

**PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE**

***To be completed by all applicants***

Information **MUST** therefore be accurate and honest. If some questions are left unanswered, we will assume that you **HAVE** suffered from the compliant in question.

PART A:

Name Application………………………………………………………………………………. Date:…………………………………………………..

Name and address of Doctor:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please delete as appropriate:

|  |  |  |
| --- | --- | --- |
| 1. Have you a history of ulcers or indigestion? | Yes | No |
| 1. Have you been outside the U.K. or Ireland during the past 12 months?   If Yes, which country/countries have you visited?.....................................................................  ………………………………………………………………………………. | Yes | No |
| 1. Have you ever had contact with typhoid or enteric fever? | Yes | No |
| 1. Have you ever been diagnosed as having arthritis, or gout? | Yes | No |
| 1. Have you ever had a history of skin disease, e.g. rashes, dermatitis or eczema? | Yes | No |
| 1. Have you ever suffered from or been treated for anxiety, depression, phobias, mental breakdown or stress related problems? | Yes | No |
| 1. Have you ever had any discharge from eyes, ears or nose? | Yes | No |
| 1. Have you ever had any trouble with teeth or gums? | Yes | No |
| 1. Have you any history of joint trouble, e.g. sore heads, wrists, elbows, shoulders or arms? | Yes | No |
| 1. Have you ever been treated for sore hands, wrists, elbows, shoulders or arms? | Yes | No |
| 1. Are you suffering, or have you suffered any disability which may affect your ability to undertake some tasks of the job on offer?   If Yes, give dates and details………………………………………………………………..………………………….……………………… | Yes | No |
| 1. Have you ever had to leave a job because of ill health reasons or been medically retired from a job in the past?   If Yes, give dates and details………………………………………………………………..………………………….……………………… | Yes | No |
| 1. Have you any history of back trouble, e.g. strain, lumbago, sciatica or disc problems? | Yes | No |
| 1. Have you history of bronchitis, asthma, TB, or chestiness? | Yes | No |
| 1. Are you colour blind? | Yes | No |
| 1. Have you ever had heart problems, e.g. angina, chest pains or heart attack? | Yes | No |
| 1. Have you ever had problems with your blood pressure? | Yes | No |
| 1. Have you ever had a rupture or hernia? | Yes | No |
| 1. Have you ever had fits, turns, fainting attacks or dizziness? | Yes | No |
| 1. Have you ever had an injury or disease not already mentioned?   If Yes, give details………………………………………………………………..………………………….……………………… | Yes | No |
| 1. Have you ever had hospital investigations or treatment?   If Yes, give details………………………………………………………………..………………………….……………………… | Yes | No |
| 1. Have you a hearing problem or condition of any kind? | Yes | No |
| 1. Do you wear glasses? | Yes | No |
| 1. Are you at present, on any treatment such as injections, tablets or medicines? | Yes | No |
| 1. Do you suffer from any allergies? | Yes | No |
| 1. Have you ever had a previous industrial accident/injury in your previous place of work that has resulted in a personal injury claim?   If Yes, give details………………………………………………………………..………………………….……………………… | Yes | No |
| 1. Please state you Date of Birth? | / / | |

The information that I have provided is accurate and I have not withheld any relevant details. I am aware that I am responsible for the accuracy of this declaration. I understand that the giving of the false information or withholding of relevant information could result in disqualification or if appointed to the position, instant dismissal.

**Signature**………………………………………………………………………………………………………………………..

**Date**:……………………………………………….

**PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS SHEET**

**TO ALL JOB APPLICANTS - *CONFIDENTIAL***

***Fair Employment (Northern Ireland) Act 1989 - Job Application Monitoring Form***

W.D. Irwins & Sons is required by law to monitor the community background of its workforce and job applicants. The information you give on this form will be treated in the strictest confidence and will not be used for any other purpose other than monitoring our equality of opportunity in employment policy. It is an offence for somebody to knowingly give false information for monitoring purposes. May I thank you for your co-operation.

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

Please indicate your Ethnic group:-

White Indian Pakistan

African Bangladeshi Chinese

Carribean Traveller Mixed Ethic Group Please indicate your sex:-

Male Female

Please indicate:-

**Marital Status**: Single /Married /Divorced /Widower

**Do you consider yourself to have a disability?**

By disability we mean by any physical or mental impairment that has a substantial & long term (last or expected to last 12 months or more) adverse impact on your ability to carry out normal day to day activities, without mechanical or electrical assistance or the adaptation of your workplace.

Yes No

If Yes, please specify:-……………………………………………………………………………………………..

**FOR OFFICE USE ONLY:** JOB REF NO:…………….. APP NO:…………..