



Shimna Integrated College

The Lawnfield, King Street, Newcastle, County Down, BT33 0HD

APPLICATION FOR EMPLOYMENT Food Service Assistant

Office Use Only	
Job Ref No:	
Job Group:	
Candidate Reference Number	

1. PERSONAL DETAILS

FIRST NAME:

SURNAME:

PREVIOUS NAME(S):

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NO:

E-MAIL ADDRESS:

NATIONAL INSURANCE NO:

TR NUMBER (Teachers Only):

2. EDUCATION AND QUALIFICATIONS

SECOND LEVEL EDUCATION

Year	School	Subject	Type (e.g. GCSE)	Grade

3. EMPLOYMENT HISTORY

Please commence with present or last employer and account for any gaps in your employment

Continue on additional sheets if necessary

Job Title		Employer		Current Salary	
Start Date		End Date		Reason for Leaving	

Please outline your key duties and responsibilities in the box below.

--	--	--	--	--	--

Job Title		Employer			
Start Date		End Date		Reason for Leaving	

Please outline your key duties and responsibilities in the box below.

--	--	--	--	--	--

Job Title		Employer			
Start Date		End Date		Reason for Leaving	

Please outline your key duties and responsibilities in the box below.

--	--	--	--	--	--

--	--	--	--	--	--

Notice					
How much notice are you required to give your present employer					
If appointed, when could you commence work?					

4. REFEREES

Please give full names and addresses of three persons to whom we may apply for references, at least two should be in a position to comment on your professional ability.

1. Name:

2. Name:

Address:

Address:

Email

Email

Tel No:

Tel No:

Position:

Position:

3. Name:

Address:

Note: We reserve the right to take up references with previous and current employers

Email

Tel No:

Position:

5. GENERAL INFORMATION

Rehabilitation of Offenders (Northern Ireland) Order 1978

Have you ever been convicted of a criminal offence?

YES / NO

If yes, please give date and details:

Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003

Is there any reason why you would not be suitable to work with children or young people in an educational setting?

YES/NO

If yes, please provide details:

Disability Discrimination Act 1998

Do you consider yourself disabled?

YES/NO

If yes, please provide details of any special arrangements in relation to communications or access that you may require if invited for interview:

6. Declaration

Please read carefully the various representation and undertakings set out in the declaration below and then sign and date the declaration. Please complete and return this form to Karen Maguire (Bursar) no later than the closing time and date specified.

1. I have read all of the information pertaining to the position for which I am applying, and I declare that the information contained in this application form is true and accurate.
2. I understand that the information on this application form is covered by the provision of the General Data Protection Regulations and the Data Protection Act 2018 and is required by the College and for the purpose of the processing my application.
3. I understand and agree that:
 - a) The provision of false information or the suppression of any material fact may result in disqualification from the recruitment process or, if appointed, in termination of employment;
 - b) If I am unable to provide evidence of qualifications, suitable references, or the right to live and work in the United Kingdom, then any offer of employment may be rescinded or employment terminated;
 - c) The direct or indirect canvassing of any governor, officer, employee or advisor of Shimna Integrated College in relation to this appointment will result in disqualification from the recruitment process;
 - d) Pursuant to the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, this post is considered to be excepted from the Rehabilitation of Offenders (NI) Order 1978 and therefore any failure to disclose any convictions spent or otherwise will result in disqualification from the recruitment process and non-appointment or, if appointed, in disciplinary action and potential dismissal;
 - e) In the event of my application being successful, I understand that it will be necessary for checks to be made with Access NI to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over against me, whether spent or otherwise or whether I am on the Barred List;
 - f) I will inform the College of any change in my circumstances which may occur between the date of my application and any possible date of appointment;
 - g) By completing this application form and declaration, I am indicating my authorisation for the College to approach my referees for a reference in the event of my being recommended for appointment; and
 - h) I understand that any appointment made may be subject to the provision of satisfactory references and the successful completion of a probationary period.

Signature:

Date: