

APPLICATION FOR EMPLOYMENT



Shimna Integrated College
Specialist School
The Lawnfield
King Street
Newcastle
Co Down
BT33 0HD



INVESTORS IN PEOPLE

Job Ref No: _____

Job Group: _____

THIS SECTION TO BE COMPLETED IN APPLICANTS OWN HANDWRITING

(Other sections may be typed if preferred)

SURNAME: _____

FIRST NAME: _____

PREVIOUS NAME(S): _____

ADDRESS: _____

POSTCODE: _____

DAYTIME TELEPHONE NO: _____

HOME TELEPHONE NO: _____

E-MAIL ADDRESS: _____

NATIONAL INSURANCE NO: _____

TR NUMBER (Teachers Only): _____

DETAILS OF EDUCATION

SECOND LEVEL EDUCATION

Year	School	Subject	Type (eg. GCSE)	Grade

FURTHER EDUCATION/UNIVERSITY

Year	College/University Attended	Subject Taken, Qualification Gained and Degree Classification

ADDITIONAL RELEVANT COURSES, PROFESSIONAL DEVELOPMENT

Course Name	Date	Institution

MEMBERSHIP OF PROFESSIONAL BODIES/ASSOCIATIONS

Body/Association	Level	Date

EMPLOYMENT HISTORY

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

You may continue on additional sheets if necessary.

From - To	Name & Address Of Employer	Job Title - Duties & Responsibilities	Salary/ Wage	Reason For Leaving

NOTICE

How much notice are you required to give your present employer: _____

If appointed, when could you commence work? _____

ADDITIONAL INFORMATION

Set out below why you think you should be considered for this post (continue on additional sheets if necessary).

Large empty rectangular area for providing additional information.

SPECIAL INTERESTS/HOBBIES

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: _____
_____	_____
_____	_____
Tel No: _____	Tel No: _____
Position: _____	Position: _____
3. Name: _____	
Address: _____	

Tel No: _____	
Position: _____	

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

GENERAL INFORMATION

Have you ever been convicted of a criminal offence?	YES/NO
If yes, please give date and details _____	

PRE-EMPLOYMENT QUESTIONNAIRE

Have you suffered from any of the following conditions?

(If "YES" is the answer to any of these questions, please give full details below, including dates and the period/s involved. You may continue on a separate sheet which should also be signed and dated)

Head or eye injuries	YES/NO	
Ear infection	YES/NO	
Problems with hearing	YES/NO	
Vertigo and/or problem with balance	YES/NO	
Asthma, Bronchitis or other lung condition	YES/NO	
Any skin rash or skin disease eg. dermatitis	YES/NO	
Broken or fractured limbs	YES/NO	
Back strains	YES/NO	
Muscular strains	YES/NO	
Any other accident, injury, illness or disease or any other condition which caused absence from work for a period of 3 days	YES/NO	
Are You Registered Disabled	YES/NO	Registration Number

NB: Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Management. Any information given will be completely confidential.

I hereby declare that all the information given on this application is correct to the best of my knowledge and I realise that any wilful mis-statement will render me liable to dismissal if engaged.

Signed:

Date: