



APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Return this form to:

Ref No: PDF/WB/DL/ _____

Managing Director
 DJV Insulations
 78 Dromore Road
 Hillsborough
 Co Down
 BT26 6HU

POSITION APPLIED FOR _____

Surname:	Forename(s):	Title:
Address:		
Date of Birth:	Telephone Number:	
NI Number:		
Current Driving Licence? Yes/No	Details of Endorsements:	
Groups: Expiry Date:		
Are there any restrictions on you taking up employment in the UK? Yes/No <i>(if yes please provide details)</i>		

EDUCATION HISTORY

Schools <i>(type only, eg technical, grammar, etc)</i>	Qualifications gained
Colleges /Universities	Qualifications gained

78 DROMORE ROAD, HILLSBOROUGH, CO DOWN, BT26 6HU

TEL: 028 9268 8686 FAX: 028 9268 8687 MOBILES: 07885 430399, 07802 397610
 EMAIL: inquiries@djvinsulations.com www.djvinsulations.com



Other training

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY *(Please complete in full and use a separate sheet if necessary)*

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

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Notice required in current post:				

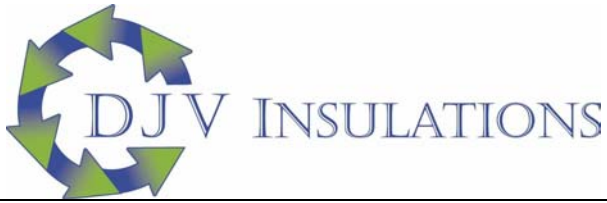
REFERENCES

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1.	2.
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LEISURE

Please note here your leisure interests, sports, hobbies, other pastimes etc.



CRIMINAL RECORD

Please note any criminal convictions except those “spent” under the Rehabilitation of Offender (Northern Ireland) Order 1978. If none please state. In certain circumstances employment is dependant upon obtaining a satisfactory disclosure of criminal records.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Do you have a physical or medical impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes / No

Please specify any special arrangement for work associated with any impairment.

Please specify and special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

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Please detail any form of medicine, drugs or treatment you are currently and/ or regularly receiving.

Please list all absences from work in the past 12 months and the reason for such absences.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate and employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand the information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply for a disclosure of criminal records. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company and offer of employment may be withdrawn or my employment terminated.

Signed: _____

Date: _____

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FAIR EMPLOYMENT- QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

Date_____

Ref;No PDF/WB/DL_____

Position applied for_____

EQUAL OPPORTUNITY

We are an equal opportunity employer. We do not discriminate on the grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required as required by the Fair Employment and Treatment(NI) Order 1998

Regardless of whether we practice our religion, most of us in Northern Ireland are seen either as Protestant or Roman Catholic. We are therefore asking you to indicate your community background 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 Roman Catholic Community

Could you please indicate whether you are: Female Male

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method, which means that we make a determination on the basis of personal information on file/ application form.

Note. It is not compulsory for you to answer the above questions. However we would stress that it is a criminal offence under the legislation for a person to "give false information.....in connection with the monitoring return".

Please return the form in a sealed envelope marked " FOR THE ATTENTION OF THE MONITORING OFFICER"

FOR MONITORING OFFICER'S USE ONLY

Job Category number_____

Hours_____

Position_____

N.I. number_____

Date commenced_____

Form FE1

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