



Langford Lodge

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APPLICATION FOR EMPLOYMENT

Job Ref:

Closing Date

Please use BLOCK CAPITALS, and additional sheets where necessary. *Delete as applicable.

Vacancy Applied for:

Surname:	Telephone No:
Forenames in full:	Mobile No:
Address Including Postcode:	E-mail Address:

EDUCATION

Dates From – To	Please state type of school attended Secondary/Grammar/Technical.	Educational Qualifications Attained

FURTHER & HIGHER EDUCATION

Dates	College/University	Qualifications and Level attained

APPRENTICESHIP

Dates	Name and Address of Firm	Type of Apprenticeship and Levels attained

EMPLOYMENT

Dates From – To	Name & Address of Employer	Position Held & Main Duties	Salary	Reason for Leaving

PLEASE GIVE DETAILS OF ANY EXPERIENCE, TRAINING, SKILLS, ETC. THAT YOU FEEL MAY BE OF PARTICULAR RELEVANCE TO THIS POSITION:

MEMBERSHIP OF PROFESSIONAL BODIES

Name Of Professional Body	Grade of Membership	How Obtained

MANAGEMENT OR OTHER TRAINING COURSES ATTENDED

PLEASE GIVE THE NAMES OF 2 PEOPLE WE COULD CONTACT FOR A REFERENCE (IF SELECTED FOR POST) WHO WOULD HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE:

1. Name Occupation Address Telephone	2. Name Occupation Address Telephone
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- DO YOU HOLD A CURRENT CLEAN DRIVING LICENCE *YES / NO

- HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE YOUR CURRENT EMPLOYER?

- ARE THERE ANY TIMES/DATES WHEN YOU WOULD NOT BE AVAILABLE TO ATTEND FOR INTERVIEW?

- ARE YOU IN GENERAL GOOD HEALTH? *YES / NO
 IF NO GIVE DETAILS:

- ARE YOU CURRENTLY RECEIVING ANY MEDICAL TREATMENT *YES / NO
 IF YES GIVE DETAILS:

We welcome applications from people with disabilities. The Disability Discrimination (NI) Act 1995 describes a disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Having read this definition do you consider yourself to have a disability?

Yes

No

Please tick as appropriate

If so, do you require any arrangements to assist you if called for an interview?

Yes

No

If yes, please state what arrangements would assist you?

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CRIMINAL RECORDS

Do you have any convictions not considered as 'spent' under Article 5 of the Rehabilitation of Offenders (NI) Order 1978? (If yes, please give details).

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Please read carefully before signing:

- I declare the above answers to be true and correct in every respect.
- I give the company permission to contact my doctor or specialist for further and better particulars of my medical records should the company so decide. I understand that the report will be treated in confidence.
- I am prepared to undergo a medical examination at the Company's request if this is required.
- I am prepared to undergo a security check at the Company's request if this is required.
- I understand and accept that if any of the information given by me in this application is incorrect or untrue, then the Company reserves the right to immediately terminate my employment with them.

Signed Date