

REF. NO:

CLANMIL
HOUSING

APPLICATION FOR EMPLOYMENT

Clanmil Housing Association Ltd., Northern Whig House, 3 Waring Street, Belfast BT1 2DX
Tel: 028 9087 6000 Fax: 028 9087 6001

In order to comply with the requirements of "The Fair Processing Code" and other obligations under the Data Protection Act 1998, Clanmil Housing has prepared an information leaflet which is available at : Clanmil Head Office, Northern Whig House, 3 Waring Street, Belfast BT1 2DX.

Please read the enclosed guidance notes before completing this form and complete the form in black ink or type. CV's will not be accepted.

APPLICATION FOR THE POST OF:
(Please complete)

SECTION I: PERSONAL DETAILS *(Please complete this section in block capitals)*

Surname/
Family Name Initials

Address

 Postcode

Telephone No. Home Work

Email

May we telephone you at work? YES / NO

Do you require a work permit? YES / NO

Do you have a full, current driving licence? YES / NO
(Will only be considered for relevant posts)

Details of endorsement(s)

Are you a car owner or do you have access to a vehicle / transport? YES / NO

SECTION 2: EDUCATION AND TRAINING

List details of relevant qualification in REVERSE order starting with most recent first (i.e. Professional qualification, degree, ‘A’ levels, GCSEs or equivalent, and any other further qualifications). Please clearly demonstrate how you meet the advertised criteria. Only qualifications listed will be taken into account.

FROM		TO		TYPE OF EDUCATIONAL ESTABLISHMENT	TYPE & LEVEL OF EXAMINATIONS/ SUBJECT TAKEN	GRADE
Month	Year	Month	Year			

Please give details of any training / relevant courses attended, with dates.

COURSE	DATES

SECTION 3: VOLUNTARY WORK

Please give details of any voluntary work undertaken.

SECTION 4: EXPERIENCE

Present/most recent employment.

NAME & ADDRESS OF EMPLOYER	PLACE OF WORK <i>(if different)</i>
Postcode	

Position held

Date appointed

Current hours of work

Current salary
(must be completed)

Leaving date
(if applicable)

Notice Period Required

SUMMARY OF MAIN DUTIES AND RESPONSIBILITIES:

Reason for leaving/
wishing to leave

Details of Previous Employment. *Start with the most recent and work backwards (do not include present / most recent position).*

NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND BRIEF DETAILS OF KEY DUTIES	APPROXIMATE SALARY	LENGTH OF SERVICE (Month and Year) From: To:	REASON FOR LEAVING

Why are you applying for this post?

SECTION 5: GENERAL DETAILS

a) Are you related to any employee or Board member of Clanmil Housing Association Limited? YES / NO

If YES, please state whom and the relationship:

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During clearance we seek references to cover at least a minimum of 3 years. If your current referees do not cover three years, we will approach past employers to cover at least this period.

b) Referees

[1] Present/Most recent Employer
(not a relative or personal friend)

[2] Another work related, academic or character referee
(not a relative or personal friend)

Name
Position
Address
Telephone No.

Name
Position
Address
Telephone No.

Please tick box if you do not wish us to contact your referees prior to an offer being made.

REF. NO:

RECRUITMENT MONITORING FORM

Please read the guidance notes before completing the form.

Clanmil Housing Association is committed to equal opportunities and fair employment. Our aim is to ensure that all applicants are given equal opportunities regardless of age, disability, ethnic or national origin, gender, marital status, political opinion, race or colour, religion or sexual orientation. This sheet is detached from the remainder of your application and does not form any part in the selection process.

Please return it in the envelope provided.

Under Data Protection Regulations, this form will be held securely, and only accessed by the Monitoring Officer, in order to provide statutory statistics to the Equality Commission in Northern Ireland.

The following section is compulsory and failure to complete will mean that we cannot consider your application.

You are required under Fair Employment Law to provide this information.

DATE OF BIRTH			
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgendered <input type="checkbox"/>
COMMUNITY BACKGROUND	Protestant <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	I am neither Roman Catholic nor Protestant <input type="checkbox"/>
Please state the name of primary school attended in Northern Ireland			

The following section will help Clanmil to monitor applications for employment to help us promote equality of opportunity.

This section is voluntary and will not prevent your application being considered.

DISABILITY

The Disability Discrimination Act 1995 defines disability as “ a physical or mental impairment which has a long-term effect on a person’s ability to carry out normal day to day activities.”

Do you consider yourself to be disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please tell us about your disability:

RACE/ETHNIC ORIGIN

To which of these ethnic groups do you consider you belong?

<input type="checkbox"/> WHITE UK/ IRISH	<input type="checkbox"/> WHITE OTHER Please specify		
<input type="checkbox"/> BLACK AFRICAN	<input type="checkbox"/> BLACK CARIBBEAN	<input type="checkbox"/> BLACK OTHER Please specify	
<input type="checkbox"/> INDIAN	<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> BANGLADESHI	<input type="checkbox"/> MIXED ETHNIC GROUP Please specify
<input type="checkbox"/> CHINESE	<input type="checkbox"/> IRISH TRAVELLER	<input type="checkbox"/> ANY OTHER ETHNIC GROUP Please specify	

MARITAL STATUS

<input type="checkbox"/> SINGLE
<input type="checkbox"/> MARRIED / IN A CIVIL PARTNERSHIP
<input type="checkbox"/> DIVORCED/ FORMERLY IN A CIVIL PARTNERSHIP WHICH IS NOW LEGALLY DISSOLVED
<input type="checkbox"/> WIDOWED FROM A MARRIAGE / CIVIL PARTNERSHIP
<input type="checkbox"/> SEPARATED, BUT STILL LEGALLY MARRIED/ IN A CIVIL PARTNERSHIP

DEPENDANTS

Do you have personal responsibility for the care of _____? (Tick each box that applies to your circumstances)

<input type="checkbox"/> A CHILD OR CHILDREN
<input type="checkbox"/> A PERSON WITH A DISABILITY
<input type="checkbox"/> A DEPENDANT OLDER PERSON
<input type="checkbox"/> NONE OF THE ABOVE

POLITICAL OPINION

<input type="checkbox"/> UNIONIST
<input type="checkbox"/> NATIONALIST
<input type="checkbox"/> NEITHER

SEXUAL ORIENTATION

My sexual orientation is towards someone:

<input type="checkbox"/> OF THE SAME SEX (this covers gay men and lesbians)
<input type="checkbox"/> A DIFFERENT SEX (this covers heterosexual men and women)
<input type="checkbox"/> OF THE SAME SEX AND OF THE OPPOSITE SEX (this covers bisexual men and women)