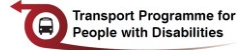




# APPLICATION FORM



- ✓ Please write clearly. Type or use black ink.
- ✓ Use extra pages only where invited to do so.
- ✓ CVs may be included but not in lieu of this form.
- ✓ Police checks will be made on successful applicant.

Post Applied for:	<b>Administrator</b>
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## PERSONAL INFORMATION

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EDUCATION

Please list all schools and colleges attended (post-primary) with all qualifications and achievements. *(Continue on a separate sheet if necessary)*

Dates		School/College	Qualifications/Achievements
From	To		



## PERSONAL INTERESTS

## ADDITIONAL INFORMATION

Please give any additional information not covered previously, that you wish to include as part of your application. You may wish to demonstrate how you meet the criteria for the post and/or why you have applied together with any other skills and/or experience you feel might strengthen your application. *(Continue on a separate sheet if necessary)*

## PERSONAL CIRCUMSTANCES

	Yes	No
Do you hold a full driving licence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to a car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health condition or disability that might affect your ability to work (or attend for interview)?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, please give details of any steps that might be taken to accommodate your needs.*

How many days have you missed from work due to illness in the last two years?

If appointed, what period of notice would you be required to work?

## REFEREES

Please name two referees, one of whom should be your current or most recent employer, who can comment on your work performance and/or character.

### REFEREE ONE

Name:

Position:

Company:

Address:

Telephone:

Email:

### REFEREE TWO

Name:

Position:

Company:

Address:

Telephone:

Email:

Please tick if you have any objection to us contacting your referees prior to an invitation to interview.

## DECLARATION

The statements made on this form are true. I understand that any false statements may jeopardise my application and may lead to an offer being withdrawn or termination of any future employment with Shopmobility Enniskillen.

**Name(Print)**

**Signature**

**Date**

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**PLEASE ENSURE ATTACHED SHEETS ARE SUBJECT HEADED CLEARLY**