# **A close-up of a logo  Description automatically generated**

**APPLICATION FORM**

|  |  |
| --- | --- |
|  | Applicant Reference |
|  |  |
|  (For Employer’s Use Only) |
| Please do not include a Curriculum Vitae as shortlisting will be based on the information contained within the application form only |

|  |  |
| --- | --- |
| Return completed forms to: | **Job Title: Shop Co Ordinator** **Closing date: 6th November @ 5pm**  |
| **Age Concern Causeway****3 Brook Street** **Coleraine****BT52 1PW****Or email to manager@accauseway.org** |

##### PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First name(s): |  |  | Surname: |  |  |
| Address: |  |  | Title: Mrs  |  |  |
|  |  |  | Tel. No. (Home): |  |  |
|  |  |  | Tel. No. (Work): |  |  |
|  |  |  | Tel. No. (Mobile): |  |  |
|  |  |  | National Insurance No: |  |  |
| Postcode: BT57 8UB  |  |  | Driving licence: |  |  |
| email |  |  | Access/use of car: |  |  |

##### REFEREES

|  |
| --- |
| Please nominate two persons who are familiar with your work in a supervisory or managerial capacity, at least one of whom should be your present or most recent employer. References provided by friends or relatives will not be accepted. |
| 1. Name: |  |  | 2. Name: |  |  |
|  Position: |  |  |  Position: |  |  |
|  Address: |  |  |  Address: |  |  |
|  |  |  |  |  |  |
|  Postcode: |  |  |  Postcode :  |  |  |
|  Relationship : |  |  |  Relationship : |  |  |
|  Tel. No : |  |  |  Tel. No : |  |  |
|  Email: |  |  |  Email: |  |  |

References are usually sought for the successful candidate(s) only after the interview has taken place.

**EDUCATION**

|  |
| --- |
| **Results in GCE/GCSE (or equivalent)**  |
| **Subjects Passed** | **Level Attained** | **Grade** | **Year** |
|  |   |  |  |

##### FURTHER EDUCATION

|  |  |  |
| --- | --- | --- |
| **Degree / Diploma / Certificate** | **Year Obtained** | **Exams To Be Taken** |
|  |  |  |

##### PROFESSIONAL QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Body** | **Qualifications/****Grade of Membership** | **Date of Membership** | **Current Member****Yes / No** |
|  |  |  |  |

##### EMPLOYMENT HISTORY – PRESENT POST

|  |  |
| --- | --- |
| **Name & Address of Present Employer** | Position Held:Commencement Date:Current Salary / Wage:Period of Notice Required |
| Type of Contract (please delete) fixed Term Contract  |
| Summary of Duties of Post (include number and grades of staff for whom you are responsible if applicable |

##### PREVIOUS EMPLOYMENT

|  |
| --- |
| Please list your previous posts beginning with the most recent. Should there be gaps in your employment history through changing jobs or being unemployed please detail these also. |
| **Name & Address of Employer** | Position Held | **Brief Outline of Main Duties** | **Period of Employment Months/Years** | **Reason for Leaving** |
|  |  |  | **From** | **To** |  |
|  |  |  |  |  |  |

##### YOUR HEALTH

|  |
| --- |
| Whether your have been in employment or not, on how many days and occasions over the past 2 years have you been unfit for work. Please note that any offer of employment may be subject to a satisfactory medical examination or report. |
| **From** | **To** | **Number of Days** | **Reasons for Absence** |
|  |  |  |  |

**CRIMINAL CONVICTIONS**

By virtue of the Rehabilitation of Offenders (Exceptions) Order (NI) 1978 and because of the nature of the work for which you are applying this post is exempt from the provisions of Article 5 of the Rehabilitation of Offenders (NI) Order 1978. Accordingly, you are not entitled to withhold information about convictions which would otherwise be considered as ‘spent’ under the provisions of the 1978 Order. Failure to disclose such information could result in dismissal or disciplinary action in the event of employment.

State whether or not you have been convicted of any criminal offences Yes**/No** if **Yes** give details below

**It should be noted that convictions for offences do not necessarily debar an applicant from obtaining employment.**

**PERSONAL DECLARATION**

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

I understand that any wilful misstatement or omission renders me liable to disqualification or, if appointed, to dismissal.

We reserve the right to verify the information you have provided and seek information from other sources.

**Signature: ………………………………………………………… Date: ………………………………………………….**

**CANVASSING WILL DISQUALIFY**

We will treat the information given in this application as confidential however applicants are advised that legal processes may require us to disclose the form to certain statutory bodies.