Form NIAP2(A)

# Application for Employment

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| Return this form to: |  | Reference Number: |
| careers@swiftsoft.com |  |  |
| Position Applied for: |  |  |
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| Personal Details | | |
| Name | Title: |  |
| Forename(s): |  |
| Surname: |  |
| Contact Information | Address: |  |
| Post Code: |  |
| Email: |  |
| Tel No. (Home): |  |
| Tel No. (Mobile) |  |
| N.I Number: |  |

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| Driving Licence | | | | | | |
|  | Yes: |  | No: |  | |  |
| Groups: | | | |  | |
| Expiry Date: | | | |  | |
|  | Details of Endorsement: | | | |  | |

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| Are there any restrictions on you taking up Employment in the UK? | | | | | |
|  | Yes: |  | No: |  |  |
| If Yes, Please Provide Details: | | | |  |

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| Education | | |
|  | Schools/College/University Name | Qualifications Gained |
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| Employment History (please complete in full and use a separate sheet if necessary) | | |
| Last/Current Employment | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Notice Period: |  |
| Previous Employment #2 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |
| Previous Employment #3 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Rate of Pay: |  |
| Reason for Leaving: |  |

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| Current Membership of Professional bodies (i.e. CIPD, NMC) | |
|  | Please note any professional bodies you are a member or registered with: |
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| Other Employment | |
|  | Please note any other employment that you would continue with if you were to be successful in obtaining the position: |
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| Leisure | |
|  | Please note here your leisure interests, sports and hobbies, other pastimes etc.: |
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| References (please note here two persons from whom we may obtain both character and work references) | | | | | | | |
| Reference #1 | Title: | |  | | | | |
| Forename(s): | |  | | | | |
| Surname: | |  | | | | |
| Address: | |  | | | | |
| Post Code: | |  | | | | |
| Contact No. | |  | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |
| Reference #2 | Title: |  | | | | | |
| Forename(s): |  | | | | | |
| Surname: |  | | | | | |
| Address: |  | | | | | |
| Post Code: |  | | | | | |
| Contact No. |  | | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |

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| General Comments |
| Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). |
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| Criminal Record |
| Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records. |
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| Declaration (please read this carefully before signing this application) | | | |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. 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 the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that 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 if I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment mat be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |