

Position Applied for

Reference no.

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PERSONAL DETAILS

(Please complete this application form as fully as possible - CVs cannot be accepted, additional sheets may be attached if necessary to expand on the information on the form)

Surname: _____ Forename(s): _____
 Address: _____
 Town: _____ National Insurance No.: _____
 Postcode: _____ Tel. No.: _____
 Email: _____

POST-PRIMARY EDUCATION

Type of School/Institution	From	To	Subject	Level (GCSE/A-Levels)	Grade	Date Attained

FURTHER EDUCATION

University/College	Dates	Qualifications Obtained/Expected	Grade/Category of award

FURTHER TRAINING

Relevant Training/Development Courses attended	Dates	Qualifications Obtained/Expected

RELEVANT PROFESSIONAL MEMBERSHIP (Include Grade, category of membership and how membership was achieved)

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EMPLOYMENT HISTORY

Please state current or most recent employer first.

Employer: _____ Position Held: _____
Address: _____ From: _____ To: _____
Type of Business: _____
Reason for leaving: _____
Duties/Responsibilities: _____

Other Benefits: Salary:
Company Car: Yes No Notice Required:

Previous Employment:

Employer: _____ Position Held: _____
Address: _____ From: _____ To: _____
Type of Business: _____
Salary: _____
Reason for leaving: _____
Duties/Responsibilities: _____

Employer: _____ Position Held: _____
Address: _____ From: _____ To: _____
Type of Business: _____
Salary: _____
Reason for leaving: _____
Duties/Responsibilities: _____

Employer: _____ Position Held: _____
Address: _____ From: _____ To: _____
Type of Business: _____
Salary: _____
Reason for leaving: _____
Duties/Responsibilities: _____

(Continue on a separate sheet if necessary)

ADDITIONAL INFORMATION

Based on the advertised job description provided, please explain (with examples) how your experience to date is relevant to the position applied for. You may draw examples from your academic experience/work experience or leisure interests.

What contributions do you feel you could make to our company?

In what ways would you like to see your own career develop? What are your own personal objectives?

Please provide any additional information which may, in your opinion, prove beneficial in considering your application.

Please provide details of interests, sports played or hobbies (Include membership of organisations and positions of responsibility).

HEALTH DETAILS

The following questions are asked to allow us to determine if you are able to perform the role or if we need to make any reasonable adjustments are needed for interview or assessment.

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? YES NO

Do you have any history of any medical or physical illness? YES NO

Have you ever suffered from any kind of anxiety or stress at work? YES NO

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

Are you considered Clinically Vulnerable (CV) in relation to Covid-19? YES NO

Are you considered Clinically Extremely Vulnerable (CEV) in relation to Covid-19? YES NO

If yes, please confirm on what basis you meet either definition.

Have you been issued with shielding guidance in relation to Covid-19 or been advised to shield by your GP? YES NO

Do you have access to a car? YES NO

Do you hold a full clean driving licence? YES NO

Have you any endorsements? YES NO
(If yes, please provide details of your driving history, including penalty points, accidents or claims)

Please give the names of two referees (at least one of whom should be your current or most recent employer)

Name

Position

Address

Telephone

Name

Position

Address

Telephone

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. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 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 should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

Please return this form to: careers@northside-graphics.com Telephone: +44 (0)28 9022 2111
Northside Graphics Limited, Units 5 & 6 Round Tower Development, Dargan Crescent, Belfast BT3 9JP
Late applications will not be considered

Confidential - Equal Opportunities Monitoring Form

Northside Graphics Ltd is an equal opportunities employer. We do not discriminate on the grounds of gender, religious belief, political opinion or disability. We practice equality of opportunity in employment and select the best person for the job.

To confirm this commitment, the Company has in place an Equal Opportunity Policy which in order to be effective, requires that we regularly review and monitor the applications we receive by collecting data on gender, community background and disability of all applicants. Access to this information is restricted and will only be viewed by those involved in the selection process.

For this purpose, we ask for your assistance to complete this form. Please be assured that the information you provide will be handled confidentially and will only be used for the purposes of monitoring and improving our employment practices.

Please complete and return this form with your application/CV to careers@northside-graphics.com

Thank you for your co-operation.

Reference No.	Gender: Female	Male
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COMMUNITY BACKGROUND

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant or the Roman Catholic community

DISABILITY

Under The Disability Discrimination Act (1995) a person is considered to have a disability if he or she has or has had any physical or mental impairment, which has a substantial and long-term (more than 12 months) adverse affect on his/her ability to carry out normal day to day activities

Do you suffer from any condition that prevents you from operating machinery?	Yes	No
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Do you consider yourself to have a disability?	Yes	No
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Please tick which category you think best describes your disability

- | | |
|---|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Mental health disability |
| <input type="checkbox"/> Blind or partially sighted | <input type="checkbox"/> An unseen disability: eg: diabetes, epilepsy, asthma |
| <input type="checkbox"/> Deaf or hearing impairment | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Wheelchair User/ other mobility difficulties | <input type="checkbox"/> Other disability |
| <input type="checkbox"/> Personal care support | |

Please give details: