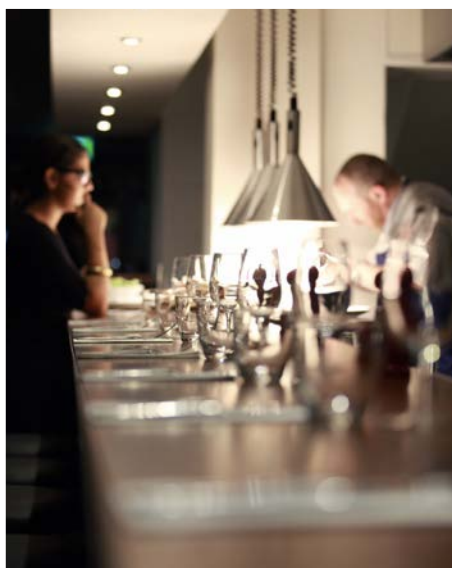


JAMES†



H A D S K I S



Application Form

Please complete this form and return it to:
21 James Street South, Belfast, BT2 7GA

Medical Section

APPLICATION FORM

What illness have you had over the past two years that have involved absence from work / college for 2 weeks or more?

Have you been ever dismissed / refused employment on medical grounds?

Yes

No

Have you any of the following? Allergies*

Hearing Disorders

Diabetes

Visual Impairment

High Blood Pressure

Epilepsy

Eczema / Dermatitis

Dyslexia

Heart Disease

Asthma

*including allergies to drugs or handling substances

References

All employment offers are made subject to the company receiving satisfactory references. Please supply the names and addresses of two referees, preferably your previous or recent employer/tutor. References will not be contacted without permission and current employers will only be contacted when a job offer has been issued and accepted

Reference 1

Reference 2

Name:

Name:

Address:

Address:

Tel Number:

Tel Number:

Rehabilitation of Offenders

APPLICATION FORM

Have you been convicted of a criminal offence which is not yet spent under the Rehabilitation of Offenders Act 1974?

Yes

No

If Yes, please provide details:



Supporting Statement

APPLICATION FORM

Tell us in 50 words or more, why you want to work for James St South:

15 horizontal grey bars for text entry.

Applicants Declaration

APPLICATION FORM

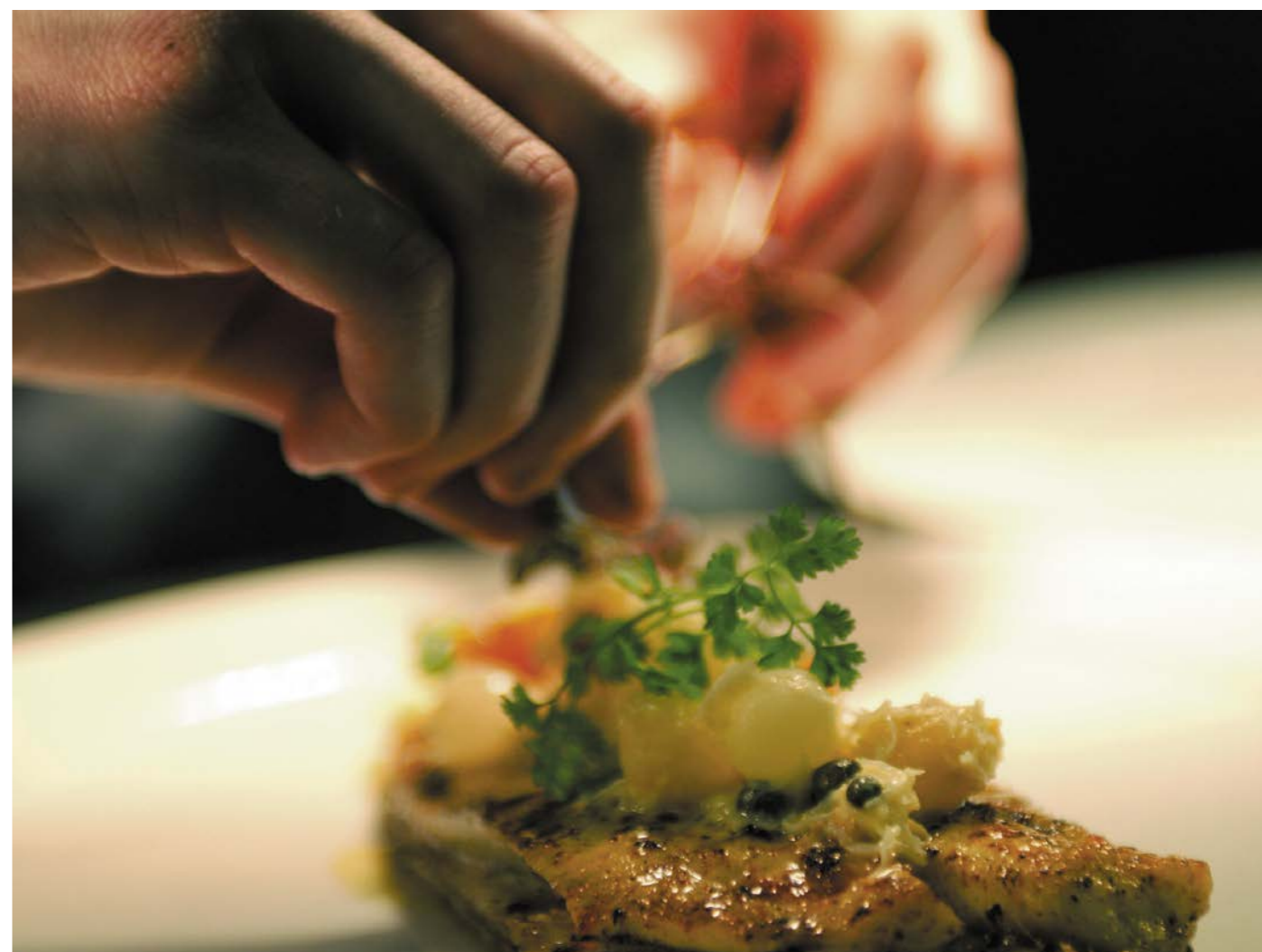
I confirm that all my answers to all questions in this application for employment are true and correct and I have not withheld any facts or circumstances that would if disclosed, affect my application.

I understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling any agreements made.

Applicants signature:

Printed name:

Date:



Monitoring Information Form

APPLICATION FORM

We are committed to equal opportunities. We aim to select and promote all staff solely on merit. In order to monitor the effectiveness of our equal opportunities policies we ask all applicants to provide the following details.

The information you provide is for monitoring purposes only; it will be kept separate from your application form and will not be used as part of the selection process.

Sex: Male Female

Marital Status: Single Married

Divorced Widowed

Date of Birth: / /

Ethnic Origin

Please state your country of birth:

Please state your nationality:

Please tick one box which best describes your ethnic origin.

White Chinese Irish Traveller

Indian Pakistani Bangladeshi

Black African Black Caribbean Black Other

Mixed ethnic group (please state which)

Any other ethnic group:

Disability

APPLICATION FORM

Under the Disability Discrimination Act 1995 you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

If you answered “Yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:

Physical impairment: such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches. Yes

Sensory impairment: such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment. Yes

Mental health condition: such as depression or schizophrenia. Yes

Learning disability or difficulty: such as Down’s Syndrome or dyslexia, or Cognitive impairment such as autistic spectrum disorder. Yes

Long-standing or progressive illness or health condition: such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease. Yes

Other (please specify):