

# Application Form



**Killeavy**

Castle Estate

**Position applied for:** \_\_\_\_\_

Shifts prepared to work:  Day  Evening  Night  Weekend  Casual

## Personal Information

Mr/Mrs/Ms: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Do you have access to a form of transport that will allow you to fulfil the requirements of this post?  Yes  No

Have you ever been employed by this company before?  Yes  No

Applicants for Bar Staff must be 18 or over, do you meet this criteria?  Yes  No

Will you require any assistance to enable you to attend and interview? e.g. access, interpreters etc  Yes  No

If yes, please indicate what assistance you would need \_\_\_\_\_

## Your current / most recent role

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Current Salary and Package: \_\_\_\_\_

Notice Required: \_\_\_\_\_

Brief description of the role and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We are an equal opportunities employer**

## Your previous employment

(Please list your previous four employers. Continue on a separate page if necessary)

Dates (to/from)	Employer Name Address and Tel No.	Job Title, Main responsibilities	Salary	Reason for Leaving

## Education and Professional Qualifications

From Month/ Year	To Month/ Year	Type of School e.g. High School/ College/University	Qualifications and Grade	Full time or Part Time

## Training/ Skills

Do you have any other relevant qualifications/experience which you feel is relevant to your application (include first aid certificates, food hygiene courses, IT skills and language skills)

Training/ Skills	Qualification	Level	Year Achieved

## Key Achievements

Please give details of your key achievements in your career

## Career Goals

Explain briefly

## Why do you want to work in Killeavy Castle Estate

## Supplementary Information

Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders Legislation?  Yes  No

If offered this position, will this be your only form of employment?  Yes  No

Please provide dates of any holidays arranged prior to an offer of employment \_\_\_\_\_

How many days off due to sickness have you had within the last 12 months? \_\_\_\_\_

Any other information you feel relevant to your application \_\_\_\_\_

## Your References

Please give the names and addresses of two people which are not related to you, who we can approach for a confidential assessment of your suitability for this position (one of these must be from your current or most recent employer).

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

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

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

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Can we approach your present/ most current employer prior to making a offer of employment?  Yes  No

If no is ticked, we will contact you should we consider making an offer of employment to you.

It is the policy of Killeavy Castle Estate to recruit, employ and promote qualified persons in all jobs and functions ensuring equal employment opportunity without regard to race, colour, religion, sex, age, national origin, ancestry, disability, marital status, political opinion, sexual orientation and gender reassignment.

## Application Declaration

In signing the declaration and in consideration of application with Killeavy Castle Estate, I hereby affirm that the information provided in this application is correct, and that any misrepresentation of facts, or material omission thereof, can be cause for dismissal. Any job offer is conditional upon the receipt of satisfactory references.

I agree that Killeavy Castle Estate can process, distribute and hold information appertaining to application subject to the terms of the Data Protection Act 1998.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (please print): \_\_\_\_\_

## Office Use Only

Reference Number: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Comments: \_\_\_\_\_

Decision (tick as applicable)  Accept  Regret Signature: \_\_\_\_\_

# Monitoring Form



**Killeavy**

Castle Estate

## Monitoring Reference Number: \_\_\_\_\_

Killeavy Castle Estate is an Equal Opportunities Employer and we want to ensure that we are providing an equality of opportunity for all applicants and employees regardless of their religious belief, political opinion, sex, race, age, sexual orientation or whether they are married or are in civil partnership or whether they are disabled or they have undergone, or intend to undergo gender reassignment .

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons:

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under the Fair Employment and Treatment (NI) Order 1998.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.

Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

The Community Background and Gender questions are required by Fair Employment Legislation and it is good practice that we monitor the other categories contained in this form.

The form will be used solely for monitoring purposes and statistical analysis and will not be seen or considered by the selection panel.

## Community Background

Regardless of whether we practice religion, most of us in Northern Ireland are perceived to be members of either Catholic or Protestant communities. We are therefore asking you to indicate your community background by ticking the appropriate box below.

- 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 nor Roman Catholic Community

*If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personal file.*

## Sex

Please indicate your sex by ticking the appropriate box:     Male     Female

*If you answer these questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.*

# Monitoring Form

## Age

Please state your date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Racial Group

Please state your nationality: My Nationality is: \_\_\_\_\_

For example, Polish, Latvian, Portuguese, German, other - please specify

Please indicate your race or colour or ethnic or national origins:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> White           | <input type="checkbox"/> Chinese     | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Indian      | <input type="checkbox"/> Black African   |
| <input type="checkbox"/> Pakistani       | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black Other     |

Mixed ethnic group (please state which): \_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_

## Disability

Under the Disability Discrimination Act 1995 a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you are a disabled person?  Yes  No

If yes, please state the type of disability

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mental Health Condition        | <input type="checkbox"/> Sensory impairment  | <input type="checkbox"/> Long-standing or progressive illness or health condition |
| <input type="checkbox"/> Learning Disability/Difficulty | <input type="checkbox"/> Physical Disability |   |

## Sexual Orientation

My Sexual Orientation is towards:

- Person of a different sex to me  Person of the same sex as me  Person of both sexes

## Marital / Civil Partnership Status

Are you married or in a civil partnership?  Yes  No

## Dependants/ Caring Responsibilities

Do you have dependants, or caring responsibilities for family members or other persons?  Yes  No

If you answered ' yes', please indicate whether your dependants or the people you look after are:

- A child or children  A disabled person(s)  An elderly person(s)  Other

If other, please specify \_\_\_\_\_

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