Royal Ulster Agricultural Society

Application for Employment

**Ref No:** Click here to enter text. **Position applied for**: Click here to enter text.

**Personal Details**

**Title**: Click here to enter text. **Forename(s):** Click here to enter text. **Surname:** Click here to enter text.

**Address:**Click here to enter text. **Postcode:** Click here to enter text.

**Contact Information**

Email: Click here to enter text. Tel No (Home) Click here to enter text. Mobile Click here to enter text.

**National Insurance No:** Click here to enter text. **Driving Licence:** Yes  No

**Are there any restrictions on you taking up employment in Northern Ireland?** Yes  No

If yes, please provide details Click here to enter text.

**Education**

|  |  |
| --- | --- |
| **School/ College/ University name** | **Qualification(s) gained** |
| Click here to enter text. | Click here to enter text. |

**Employment History** (please complete in full and use a separate sheet if necessary)

**Name of Last /Current Employer** Click here to enter text.

**Address** Click here to enter text.

**Date of employment** Click here to enter text. **Job Title:** Click here to enter text.

**Duties:** Click here to enter text.

**Rate of Pay:** Click here to enter text. **Notice period:** Click here to enter text.

**Reason for Leaving**: Click here to enter text.

**Previous Employment**

**Name of Employer** Click here to enter text.

**Address** Click here to enter text.

**Date of employment** Click here to enter text. **Job Title:** Click here to enter text.

**Duties:** Click here to enter text.

**Rate of Pay:** Click here to enter text. **Notice period:** Click here to enter text.

**Reason for Leaving**: Click here to enter text.

**Name of Employer** Click here to enter text.

**Address** Click here to enter text.

**Date of employment** Click here to enter text. **Job Title:** Click here to enter text.

**Duties:** Click here to enter text.

**Rate of Pay:** Click here to enter text. **Notice period:** Click here to enter text.

**Reason for Leaving**: Click here to enter text.

**Health Details**

Are you disabled? If YES please five details and specify any special needs in relation to your disability.

Yes No

Please list any disease, disorder, allergies, muscular or muscular-skeletal injuries from which you have suffered or do suffer.

Click here to enter text.

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

Click here to enter text.

Please list any absences from work in the past 12 months and the reason for such absence.

Click here to enter text.

**Please five any further information you feel is relevant to this application e.g. special skills. Training etc**

Click here to enter text.

**References** (please note here two persons from who we may obtain character and work references)

Name: Click here to enter text. Company Name: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text. Tel No: Click here to enter text.

Name: Click here to enter text. Company Name: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text. Tel No: Click here to enter text.

**Criminal Record**

Please note any criminal convictions except those ‘spent’ under the Criminal Justice Act 2011.

Click here to enter text.

**Declaration** (Please read this carefully before signing this application)

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.

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 permission prior to contacting your doctor.

**Signed:** Click here to enter text. **Date:** Click here to enter text.