Form NIAP2(A)

Application for Employment

Return this form to:							Job Reference Num	per:
The Monitoring Officer, The Oil Market Journal Killyhevlin ENNISKILLEN Co Fermanagh Northern Ireland BT74 4EB								
Position applied for:								
Personal Details								
	Title:							
Name	Forename(s):							
	Surnam	e:						
	Address:							
	Post Code:							
Contact Information	Email:							
	Tel No. (Home):							
	Tel No. (Mobile)							
	N.I Nu	mber:						
Driving Licence								
	Yes:		No:					
	Groups:							
	Expiry Date:							
	Details of Endorsement:							
Are there any restrictions on y	ou takin	q up Eı	mployme	ent in th	ne UK?			
	Yes:	.	No:					
	If Yes, P	Please P	rovide De	tails:				

Education		
	Schools/College/University (Type Only)	Qualifications Gained
	(Please complete in full and use extra space available on page 4)	
	Are you graduating from university summer 2021?	Yes / No
	University Name and Degree Course:	
	Expected Classification:	

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

Current Membership of Profes	ssional bodies (i.e. CIPD, NMC)					
	Please note any professional bodies you are a r	nember or reg	istered with	h:		
Other Employment						
	Please note any other employment that you we successful in obtaining the position:	ould continue	with if you	were to be		
Leisure						
	Please note here your leisure interests, sports a	and hobbies, o	ther pastin	nes etc.:		
References (please note here tw	vo persons from whom we may obtain both cha	aracter and wo	ork referen	ces)		
	Title:					
	Forename(s):					
	Surname:					
Reference #1	Address:					
	Post Code:					
	Contact No.					
	May we approach the above prior to interview?	Yes	No			
	Title:					
	Forename(s):					
	Surname:					
Reference #2	Address:					
	Dead Code					
	Post Code:					

May we approach the above prior to interview? Yes

No

Contact No.

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). You can also use this section for extra space to earlier questions.

	ote any criminal convictions except those 'spent' under the Rehabilit. please state. In certain circumstances employment is dependent up			
Declara	ation (please read this carefully before signing this applicati	tion)		
Deciara	ation (please read this carefully before signing this applicati	11011)		
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:	1	Date:		

Criminal Record