

Job Application Form (please write clearly in Black ink or type)

Title of post
applied for

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Age:
	Date of Birth:
	Tel No. (Home):
	E-mail address:
	Tel No. (Business):
	Mobile No:
	National Ins. No:

**EDUCATION & PROFESSIONAL QUALIFICATIONS
(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)**

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Coursers, with dates:

PRESENT POST

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

PREVIOUS EMPLOYMENT (most recent first)

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions that you consider relevant to this application. Please use a continuation sheet if necessary.

Where did you see this vacancy advertised?

OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence? YES/NO

Do you own a car? YES/NO

Are you related to any employee of L.E. Graphics or any of its sister companies? YES/NO

If yes, please provide name(s) and state relationship:

HEALTH

Please state the number of days sickness absence in the last 2 years:

(NB: Successful candidates may be required to complete a full medical questionnaire)

DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO

If Yes, please provide further details (use a continuation sheet if necessary):

REHABILITATION OF OFFENDERS ACT 1974 Please note: If the post you have applied for meets the exemption requirements under this Act, all applicants who are offered employment will be subject to a criminal record check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warnings.

Please declare any unspent convictions (or all convictions if the post is exempt) on a separate sheet and tick this box if doing so

REFERENCES

Names and addresses of two referees, one of whom should preferably be your current or most recent employer:

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview YES/NO

Please state maiden name if applicable

DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed Date Name

Thank you for completing this application. Please return to:

**Human Resources Department,
LE Graphics,
Raceview, Factory Road, Enniskillen,
Co. Fermanagh, Northern Ireland, BT74 6DT**

Data Protection Act 1998

The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the Department's systems. Such data may also be used to produce depersonalised statistics.