

Further Education

Name and Address of College/University Date From Date To Subjects and Results

Name and Address of College/University	Date From	Date To	Subjects and Results

Are you presently in or intending to return to full time or part time education? Y/N

If yes, Please give details:

EMPLOYMENT

Present Employment (If Applicable)

Name and Address of Employer:

Position held

Commencement Date

Duties and Responsibilities:
Please tell us of any major achievements you have delivered in this position

Wage/Salary:

Period Of Notice required:

Previous Employment (Please start with Most recent)

Name and Address of Employer:

Positions Held

From

To

Duties and responsibilities

Wage/Salary

Reason for Leaving:

Name and Address of Employer:

Positions Held

From

To

Duties and responsibilities

Wage/Salary

Reason for Leaving:

GENERAL

Have you ever been convicted of a criminal offence (which is not a spent conviction under the rehabilitation of offenders (NI) order 1978)

Yes No

If yes please give further information:

[Large empty text box for further information]

It should be noted that disclosure of a conviction does not necessarily debar an applicant from obtaining employment.

Health

Are you in good health?

Yes No

If no, please give further information:

[Large empty text box for further information]

Have you ever suffered from any serious illness or had any major operation?

Yes No

If yes please give further information:

[Large empty text box for further information]

Medical History

Please give details and approximate dates of any periods of sickness during the past 2 years

Reason Length of absence From To

Reason	Length of absence	From	To

AVAILABILITY

Are you available to work public holidays and late nights?

Yes No

How many hours do you wish to work each week?

If you are successful, when can you start?

Please detail any holidays booked at this time:

[Large empty text box for holiday details]

(please note that we are under no obligation to take account of you holiday arrangements but will endeavour to do so)

OTHER DETAILS

Why did you decide to apply for this position?
(Please include any relevant information that may support your application, e.g. work experience job related skills etc. and any other details you feel are relevant to this position)
Please continue on another sheet if needed

[Large empty text box for other details]

REFERENCES

Please give the names and addresses of two referees, who are not related to you, whom we can approach for a confidential assessment of your suitability for this job (both of these should be previous employers).

REFEREES

1

Name

Company Name

Occupation

Address

Tel No:

2

Name

Company Name

Occupation

Address

Tel No:

Can we approach your previous employers before an offer of employment is made?

Yes

No

Confirmation

I confirm that the enclosed information is correct. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to Shine Productions Ltd. Processing this information and if Successful, I understand that this information will be held in my file for the duration of my employment.

Signed _____ Dated _____

Monitoring form

Private and confidential

Shine Productions Ltd is positively committed to Equality of Opportunity in Employment. We select the best person for the job. To demonstrate our commitment to equality of opportunity in employment, we need to monitor all our employees

Year of birth

Please indicate your religion

Please indicate your ethnic background

Please specify your nationality:

Do you consider yourself to have any form of disability? Yes No

If yes, please give details:

If any of the following apply to you, please indicate:

Blind/Partially Sighted	Yes	<input type="text"/>	No	<input type="text"/>
Deaf/Hearing Impairment	Yes	<input type="text"/>	No	<input type="text"/>
Wheelchair User/Other mobile difficulties	Yes	<input type="text"/>	No	<input type="text"/>
Need Personal Care/Support	Yes	<input type="text"/>	No	<input type="text"/>
Mental Health Difficulties	Yes	<input type="text"/>	No	<input type="text"/>
Dyslexia	Yes	<input type="text"/>	No	<input type="text"/>
Multiple Disabilities	Yes	<input type="text"/>	No	<input type="text"/>

Please indicate your sex:

Please indicate your martial status:

Do you have anyone who relies on you for day-today care and attention? Yes No

If yes please select the relevant box(es) below:

Age 0-4:

Age 5-11:

Age 12-16:

Other family member/partner: Yes No