

Charlemont Arms Hotel Armagh (Límíted) 57 - 65 English Street, Armagh, Northern Ireland, BT61 7LB Tel: 028 3752 2028 Fax: 028 3752 6979

Date	Application for Employment (must be over 16 years of age)		
ALL information will be treated CONFIDENTIALLY. We are an Equal Opportunities employer and we welcome applicant regardless of religious belief, political opinion, sex, marital status, or disability.			
Please complete all sections of the form clearly, in your own handwriting. If you find that you do not have enough space for answers, please continue on a separate sheet remembering to cross reference information.			
What position are yo	u interested in?		
Why do you want thi	s position?		
Why would you like	to join us?		
How did you learn ab	pout the vacancy?		
Personal Particulars			
Title:	Forenames(s):		
Surname:	Date of Birth: Age:		
Permanent Address:			
	T oslovac.		
Telephone No: (Hom	ne)(Mobile)		
Email Address:			

Education/Qualifications (Post Primary School) Level GCSE, A, Subject Dates Degree, Place Result/ From/To Grades Professional of **Oualification** Study Other relevant courses attended, relevant to position applied for: Membership of Professional Bodies - including grade(s) and date(s) of entry Work Experience Relevant to the Position Applied for starting with the most recent **Current Employment Information** Describe your current role, including your key responsibilities/accountabilities. Describe your major achievements over the last two years.

Do you know anyone currently employed by us? YES/NO			
If Yes, please give person's name			
Do you hold a current clean driving licence? YES/NO			
Have you ever been convicted of a criminal offence, are there any charges outstanding? (You need not include Convictions which are spent under Rehabilitation of Offenders (NI) Order 1978 or motoring convictions unless your driving licence has a current endorsement as a result). YES/NO Give details if applicable.			
Health Total number of days sick during last two yearsHave you ever suffered from a serious illness? YES/NO			
If YES, please give details and dates:			
Do you consider yourself to be disabled? YES/NO			
If YES, please let us know if you require any arrangements made for you to attend interview.			
References Please supply two references. Ideally your most recent employers. If references are other than previous employers, please state how long you have been acquainted and the nature of that acquaintance (e.g. Doctor, teacher, family friend). If you are known by a different name please indicate by which you were then known. Name			
Title			
Address			
Tel No			
REFEREES WILL NOT BE CONTACTED WITHOUT YOUR PRIOR CONSENT			
Declaration I declare that the information I have given in this application is correct and that I have not knowingly withheld any fact of circumstance. I understand that, if it is found at a later date that I have given false information on			

Employee/Applicant Monitoring Questionnaire

Monitoring Questionnaire	Private & Confidential		
Ref No:			
We are an Equal Opportunities Employer. We do not disc political opinion. We practice equality of opportunity in e	e e		
To demonstrate our commitment to equality of opportunity background of our applicants and employees, as required by 1998.			
Regardless of whether we practice religion, most of us in N or Protestant. We are therefore asking you to indicate you box below.			
I am a member of the Protestant community			
I am a member of the Roman Catholic community	у		
I am a member of neither the Protestant nor Roma Catholic community	an		
If you do not complete this questionnaire, we are encouraged to use the "residuary" method, which means that we can make a determination on the basis of personal information on file/application form.			
Note: It is a criminal offence under the legislation for a per with the preparation of the monitoring return"	cson to "give false information In connection		