



Form 01 – SFM Engineering – Application Form

Title (Mr, Mrs, Miss, Ms) & Full Name (Print)

Address

Postcode

Date of birth

Home Telephone

Mobile Telephone

National Insurance No.

E-mail:

Position Applied for

How did you learn of the vacancy?

Your Qualifications

Name & Address of School, College, University or Polytechnic	Years of Attendance	Examinations taken & grades



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Details of other qualifications gained through training courses undertaken which are not listed overleaf (including professional qualifications and membership of professional institutions)

IT Skills – Give brief description of packages used. Please indicate whether knowledge is basic, intermediate or advanced

Current salary £ pa / per hour **Salary expectations** £ pa / per hour

How do you meet the job criteria for this post?



Permanent employment history

Please start with your most recent employer

Employer's name and address	Dates from/to	Job title and main Responsibilities/achievements	Reason for leaving	Salary on leaving



PLEASE ANSWER THE QUESTIONS BELOW. IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS WITH A YES/NO OPTION, PLEASE GIVE FULL DETAILS OF THE CIRCUMSTANCES ON A SEPARATE SHEETE OF PAPER ATTACHED TO THE APPLICATION FORM

Do you have/require a work permit? Yes/No

Have you been convicted of any criminal offences not yet spent under the Rehabilitation of Offences Act 2014, as amended? If yes, please specify the nature and date of the conviction(s) and the relevant sentence(s). Yes/No

Do you hold a full current driving licence (valid in the UK) Yes/No

What are the dates of any holidays you have booked?

Special Requirements

Please inform us about any special arrangements or adjustments that you may need us to put in place for you, if you are successfully invited to an interview. If, instead, you would prefer to discuss this with us, please contact 028 37530913 as soon as possible.

References

Oral references will be taken before an offer is made. Please provide details of two referees unrelated to you. At least one should be your most recent employer. If you have never been employed you should give details of a teacher or university lecturer.

Name:	Name:
Address:	Address:
Tel:	Tel:

I declare that the information contained in this form is true and complete. I understand that if any statement is subsequently found to be false or misleading, I may be dismissed.

Signed: Date



Equal Opportunities Monitoring

SFM Engineering, in respect of its role as an Equal Opportunities employer, will not discriminate against any person or group of people on the grounds of sex, marital status, race, disability, colour, religious belief and / or political opinion, nationality (including citizenship), ethnic or national origins, family circumstances, gender reassignment, sexual orientation or age

In order to assist SFM with the monitoring of our Equal Opportunities policy, please complete the form below. The information provided will be treated as confidential and used for monitoring purposes only.

1. **Gender:** MALE / FEMALE _____

2. **Marital status:** SINGLE / MARRIED / WIDOWED / CO-HABITING / CIVIL PARTNERSHIP _____

3. **Date of Birth:** _____

4. **Nationality:** _____

5. **Ethnic origin:**

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White | <input type="checkbox"/> Irish Traveller |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Any other (please state) _____ |

6. **Religion:**

Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

Please indicate the community to which you belong by ticking the appropriate box below:

- I am a member of the Protestant community:
 I am a member of the Roman Catholic community:
 I am not a member of either the Protestant or the Roman Catholic communities:

If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form

7. The Disability Discrimination Act protects people with disabilities from unlawful discrimination. It defines disability as a “physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability? YES / NO

If so, please provide details: _____

I confirm that the above information is true and authorise its use for monitoring purposes only.

Signed: _____

Date: _____