



APPLICATION FOR EMPLOYMENT

Please complete all sections of the Application Form and send it to monitoringofficer@mivan.com along with the completed Monitoring Form. Short listing will be based solely on the information you provide on this form.

Position applied for:

PERSONAL DETAILS

First Name(s):			
Surname:			
Address:			
Postcode:		Email Address:	
Telephone Number(s): Home:	Business:	Mobile:	
Current Driving Licence: YES NO		Own Transport: YES NO	
Currently Employed: YES NO		Notice Required:	

QUALIFICATIONS

Level (e.g GCSE, Degree)	Title/Subject	Grade Obtained

[FOR OFFICE USE ONLY] Vacancy No:

MEMBERSHIP OF PROFESSIONAL BODY

LANGUAGES (Please list languages spoken)

TRAINING (Please provide details of training undertaken including any qualification obtained)

SPECIAL REQUIREMENTS (Please list any special requirements that you may have if you are called for interview)

[FOR OFFICE USE ONLY] Vacancy No:

EMPLOYMENT HISTORY (Starting with your current/most recent employer)

Dates		Name of employer, address, and nature of business	Position held and duties	Salary & Benefits	Reason for leaving
From	To				

[FOR OFFICE USE ONLY] **Vacancy No:**

ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

(Please use this space to give any other information in support of your application, including any skills relevant to the position, experience gained through unpaid work and outside interests)

REFERENCES

Please give the names and addresses of two persons who have agreed to act as referees and who have known you for at least two years. At least one referee should be your current/most recent employer and both referees should have detailed knowledge of your career to date. Neither should be a relative or friend.

Name:	Name:
Job Title:	Job Title:
Contact Address:	Contact Address:
Tel. No.	Tel. No. :

DECLARATION

I hereby declare that the information given in this application is, to the best of my knowledge, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation of liability to the Company other than for services rendered.

I understand that the information provided by me during the recruitment process and throughout any subsequent periods of employment will be retained on file and may be processed by the Company for use in connection with this application of employment, equal opportunities monitoring, payroll or training (Data Protection Act 1998).

Signature of Applicant: _____

Date: _____

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

MONITORING FORM

Please complete the monitoring form in full and send it to monitoringofficer@mivan.com with your completed Application Form. The Monitoring Form will be separated from the Application Form on receipt by the Monitoring Officer and will not be seen by any of the recruitment panel.

EQUALITY OF OPPORTUNITY

Mivan is an Equal Opportunities Employer. We do not discriminate on grounds of religious belief, political opinion, gender, disability, age, race, nationality or ethnic origin, sexual orientation, gender reassignment, marital or civil partnership status.

We monitor the community background and gender of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment & Treatment (NI) Order 1998. We also monitor ethnic minority and disability to demonstrate our commitment to promoting equality of opportunity in employment. We aim to select the best person for the job and all recruitment decisions will be made objectively.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to ensure equality of opportunity in employment policies and recruitment practices and to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

Section A

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

- | | |
|--|--------------------------|
| I am a member of the Protestant Community | <input type="checkbox"/> |
| I am a member of the Roman Catholic Community | <input type="checkbox"/> |
| I am a member of neither the Protestant nor the Roman Catholic Community | <input type="checkbox"/> |

Section B

Please indicate your gender by ticking the appropriate box.

- | | |
|---------------|--------------------------|
| I am a Male | <input type="checkbox"/> |
| I am a Female | <input type="checkbox"/> |

Section C

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you meet this definition of disability?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

[FOR OFFICE USE ONLY] – Vacancy No.

If Yes please indicate the nature of your disability by ticking the appropriate box or boxes below:

Physical impairment – such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches

Sensory impairment – such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment

Mental health condition – such as depression or schizophrenia

Learning disability or difficulty – such as Downs Syndrome or dyslexia, or **Cognitive impairment**, such as autistic spectrum disorder

Long-standing or progressive illness or health condition – such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease

Other (please specify):

If you have ticked any of the boxes above please provide full details of any disability:

Section D

Please indicate your ethnic origin by ticking the appropriate box.

White

Indian

Irish Traveller

Pakistani

Black-Caribbean

Bangladeshi

Black-African

Chinese

Mixed Ethnic Group (please specify)

Black – Other (please specify)

Other – (please specify)

Please specify your nationality:

Note: if you answer sections A and/or B of this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.

[FOR OFFICE USE ONLY] – Vacancy No.
