



**ballykine**  
STRUCTURAL ENGINEERS

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<b>REF N°:</b>	<b>POSITION APPLIED FOR:</b>
SURNAME:	
FORENAMES:	
TITLE (Mr, Mrs, Miss, Ms etc):	
PREVIOUS NAMES (if any):	
FULL POSTAL ADDRESS:	
DAYTIME TELEPHONE NUMBER:	
EMAIL ADDRESS:	
NATIONAL INSURANCE N° :	

	YES	NO
DO YOU HAVE A CURRENT DRIVING LICENCE?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A CAR OWNER OR DO YOU HAVE USE OF A CAR?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD ANY DRIVING / CRIMINAL CONVICTIONS?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details:

FOR OUR RECORDS PLEASE STATE HOW / WHERE YOU HEARD ABOUT THIS VACANCY:

## EDUCATION (from GCSE or equivalent, to degree level)

SCHOOL / COLLEGE	SUBJECT / TRAINING TAKEN	QUALIFICATION

## PREVIOUS EMPLOYMENT

(PLEASE BEGIN WITH YOUR PRESENT EMPLOYMENT AND WORK BACKWARDS)

IF YOU REQUIRE ADDITIONAL SPACE PLEASE USE THE CONTINUATION PAGE AT THE BACK OF THIS FORM

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE & BRIEF DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY AT LEAVING / CURRENT SALARY*

PLEASE NOTE, IF SELECTED FOR INTERVIEW YOU WILL BE ASKED TO PRODUCE PROOF OF CURRENT EARNINGS (EG; A RECENT PAYSLIP).

**OTHER INFORMATION:**

HAVE YOU MADE A PREVIOUS APPLICATION TO THE COMPANY? IF SO, WHEN WAS THIS AND WHAT WAS THE OUTCOME?

HAVE YOU PREVIOUSLY WORKED FOR THE COMPANY? PLEASE STATE DATES AND POSITION HELD.

PLEASE STATE IF YOU HAVE ANY PROFESSIONAL QUALIFICATIONS AND IF YOU ARE A MEMBER OF ANY PROFESSIONAL ORGANISATIONS / INSTITUTES:

IN THE SPACE PROVIDED, PLEASE STATE:

A) WHY YOU ARE APPLYING FOR THIS POSITION:

B) WHY YOU FEEL YOU WOULD BE SUITABLE:

C) BRIEF DETAILS OF ANY SKILLS OR TRAINING YOU HAVE WHICH MAY BE RELEVANT:

PLEASE GIVE DETAILS OF YOUR MAIN EXTRA-CURRICULAR ACTIVITIES AND INTERESTS.

WHAT LENGTH OF NOTICE MUST YOU GIVE YOUR PRESENT EMPLOYER?

WEEKS / MONTHS

HOW MANY DAYS ABSENCE DUE TO ILLNESS HAVE YOU HAD IN THE PAST YEAR?

DAYS

PLEASE STATE DETAILS OF ANY HOLIDAY COMMITMENTS YOU MAY HAVE:

FROM

TO

PLEASE PROVIDE DETAILS OF TWO REFEREES:

This section must be completed.

At least one referee must be a previous employer with whom you worked for a minimum of 12 months.

NAME: .....

NAME: .....

ADDRESS: .....

ADDRESS: .....

.....

.....

.....

.....

TEL NO: .....

TEL NO: .....

OCCUPATION: .....

OCCUPATION: .....

I certify that all the information I have given is correct. I understand that any false information given may result in any job offer being withdrawn.

SIGNED: .....

DATE: .....

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION OR TO COMPLETE ANY OF THE QUESTIONS.

**CONFIDENTIAL**

**REF No:** \_\_\_\_\_

**Guidance Notes:**

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief, political opinion, sex, race, age, sexual orientation, whether they are married or are in a civil partnership, whether they are disabled or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively. In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

**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 the questions overleaf. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

**This information will be separated from your application on receipt. It will not form part of your application and will not be seen by the panel shortlisting or interviewing applicants.**

**Community Background:**

Regardless of whether they actually practice a 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 nor 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 personal information supplied by you in your application form/personnel file.*

**Sex:**

Could you please indicate your sex by ticking the appropriate box:

Male

Female

**Note:**

*If you answer 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.*

**Age:**

Please state your date of birth: \_\_\_\_\_

**Disability:**

Under the *Disability Discrimination Act 1995* a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or 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 are a disabled person?**

Yes:

No:

**If you answered “yes”, please indicate the nature of your impairment 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 Down’s 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):