



**What will you do tomorrow?**

**Position applied for: Technical Sales Representative Engineer**

**Reference number: TSRE-HMM-JAN11**  
**Closing Date: 6<sup>th</sup> February 2012**

**APPLICATION FORM**

**Private and Confidential**

GRAHAM Asset Management is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an ongoing basis all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of gender, sexual orientation, marital status, age, disability, ethnic or national origin, religion, political belief or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

NAME		MOBILE NUMBER	
CURRENT ADDRESS		EMAIL	
POSTCODE		WORK NUMBER	
MOBILE NUMBER		HOME NUMBER	
COUNTRY of BIRTH		DRIVERS LICENCE (tick as appropriate)	None <input type="checkbox"/> Provisional <input type="checkbox"/> Full <input type="checkbox"/> HGV <input type="checkbox"/> Forklift <input type="checkbox"/>
		CLEAN LICENCE	YES <input type="checkbox"/> NO <input type="checkbox"/>
NI NUMBER		OWN CAR (tick as appropriate)	YES <input type="checkbox"/> NO <input type="checkbox"/>
*NAME & ADDRESS OF EMERGENCY CONTACT		TELEPHONE NO:	
		RELATIONSHIP:	

\*This information is requested in case of personal emergency on-site during the recruitment process

**Please provide details of your current job**

CURRENT JOB TITLE		NAME OF EMPLOYER	
NOTICE PERIOD YOU ARE REQUIRED TO GIVE YOUR EMPLOYER		CURRENT SALARY & ANY BENEFITS	

**PERMISSION TO WORK IN THE UK**

ARE YOU LEGALLY ENTITLED TO WORK IN THE UK? (tick as appropriate)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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In line with Home Office guidance on the prevention of illegal working you will provide original ID documentation as evidence of your right to work in the UK if you are to be engaged by GRAHAM.

**POSITION DETAILS**

DO YOU HAVE SECURITY CLEARANCE? IF YES, EXPIRY DATE?		
HOW DID YOU HEAR ABOUT THIS VACANCY?		
HAVE YOU APPLIED TO GRAHAM BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE:	OUTCOME:

## EDUCATION DETAILS

### SECONDARY EDUCATION

DATE	EXAMINATION TAKEN (i.e. GCSE, A-LEVEL)	SUBJECT	GRADE OBTAINED

### FURTHER/HIGHER EDUCATION, PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

DATE	EXAMINATION TAKEN	SUBJECT	GRADE OBTAINED

\*As part of the recruitment process, we require proof of qualifications at interview stage.

### EMPLOYMENT DETAILS – STARTING WITH MOST RECENT

It is important this area is completed accurately. Any gaps in employment should be explained, continue on a separate sheet if necessary.

COMPANY NAME COMPANY ADDRESS		JOB TITLE:  DATE STARTED:  DATE FINISHED (if appropriate)	
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PLEASE OUTLINE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING OR  
WANTING TO LEAVE:

## Previous Employment

COMPANY NAME COMPANY ADDRESS		JOB TITLE: DATE STARTED: DATE FINISHED: SALARY: BENEFITS:	
PLEASE OUTLINE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING			

COMPANY NAME COMPANY ADDRESS		JOB TITLE: DATE STARTED: DATE FINISHED: SALARY: BENEFITS:	
PLEASE OUTLINE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING			

COMPANY NAME COMPANY ADDRESS		JOB TITLE: DATE STARTED: DATE FINISHED: SALARY: BENEFITS:	
PLEASE OUTLINE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING			

## REFERENCES

Please provide information of two referees, including your present/last employer, who have known you in a professional capacity, ideally within the last 5 years. **Note: no contact will be made by us with your referees unless you have given permission to do so.**

NAME:		NAME:	
POSITION HELD:		POSITION HELD:	
COMPANY NAME: ADDRESS:		COMPANY NAME: ADDRESS:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
CONTACT NO:		CONTACT NO:	

## EQUAL OPPORTUNITIES

AS AN EQUAL OPPORTUNITIES EMPLOYER, PLEASE DISCLOSE ANY PHYSICAL OR MENTAL DISABILITY IN ACCORDANCE WITH THE DISABILITY DISCRIMINATION ACT: (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 their ability to carry out normal day to day activities".	DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?  YES <input type="checkbox"/> NO <input type="checkbox"/>  Please give details:
IF YOU HAVE A DISABILITY, WHAT ARRANGEMENTS COULD WE MAKE TO HELP YOU A THE INTERVIEW OR TESTING STAGE?	

## CRIMINAL CONVICTIONS

DO YOU HAVE ANY UNSPENT* CRIMINAL CONVICTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE STATE CONVICTIONS AND DATES:-	

\*Convictions not spent under the Rehabilitation of Offenders Act 1978 will be taken into account in the application where the conviction causes concern in relation to the responsibilities of the position for which a candidate has applied.

## APPLICANT DECLARATION

I agree that by signing this form and completing the above application form that the details I have given can be held on record by the Company for the purpose of Recruitment and Administration and that access to this information will be protected by the Company from deliberate improper access or use.

I HEREBY CONFIRM THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNED BY CANDIDATE			
PRINT NAME		DATE	

Completed Application Forms should be e-mailed to: [dorothy.lynas@graham.co.uk](mailto:dorothy.lynas@graham.co.uk), or post to the **Human Resources Dept**, 101 Airport Road West, Belfast, BT3 9ED – Contact number: 028 90461821

PLEASE REMEMBER TO SEND YOUR MONITORING FORM TO THE MONITORING OFFICER AT THE SAME ADDRESS

[www.graham.co.uk/careers](http://www.graham.co.uk/careers)

**Equality Monitoring Form****Candidate Reference Number: TSRE-HMM-JAN12**

GRAHAM operates an Equal Opportunity and Fair Employment Policy and is committed to ensuring that the talents and resources of employees are utilised to the full, that no job applicant or employee receives less favourable treatment on the grounds of sex, sexual orientation, age, religion, political opinion, race, colour, creed, gender and any disabilities, or is disadvantaged by conditions or requirements which cannot be shown to be relevant to performance.

Your co-operation in completing this form would be greatly appreciated. We must stress that any information you give will be strictly confidential and will be used for statistical purposes only. You are not obliged to answer the questions but you will appreciate that, for our monitoring policy to be wholly effective, we would hope to have 100% response. If you do not wish to answer any question(s) this will not affect your application any way.

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

<input type="checkbox"/> 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

**Gender: Please tick one of the following:**                      **Male**                          **Female**   

**ETHNIC ORIGIN - i.e. by birth, NOT NATIONALITY – please tick one of the following:**

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Member of the Travelling Community
<input type="checkbox"/> Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed Ethnic Group
<input type="checkbox"/> Indian	Other (please specify):

We appreciate that some people, including those of mixed race, may not be happy with classification used on the monitoring forms. If you wish to classify yourself in some other way, please use the additional space provided to do so.

**AGE: Please tick one of the following:**

<input type="checkbox"/> 16-25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-64	<input type="checkbox"/> Over 65
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**DISABILITY: Please tick one of the following:**

<input type="checkbox"/> I do /do not have any disabilities
<input type="checkbox"/> I would / would not require special adaptations / equipment to take up employment

We understand that many employees do not declare disability because of possible discrimination against them by employers in the selection process and many people do not register as disabled for the same reason. GRAHAM **will not** discriminate against those with a disability. We welcome applications from disabled candidates and we would like to know how many people we attract to GRAHAM so that we can monitor the effectiveness of our policies towards disabled people.

**SEXUAL ORIENTATION:**

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Transsexual	

We appreciate that some people may find the question on sexual orientation to be an extremely personal one and we must therefore reiterate that you are under no obligation to answer it.

**Please return this form to the 'Monitoring Officer' GRAHAM Asset Management, 101 Airport Road West, Belfast, BT3 9ED**