



EMPLOYMENT APPLICATION FORM

Instructions to Applicants

Please complete in full. Return to either reception@blairscaravans.com or 60 Loguestown Road, Portrush, BT56 8PD

Title:	Forename:	Surname:
Address for Correspondence:		
		Postcode:
Telephone (Day):	(Mobile):	
Email:		Do You Require a Work Permit?

What position are you applying for? _____

What is your current wage/salary? £_____ per week/per annum.

If applicable what period of notice does your employer require? _____

Have you ever been convicted of a criminal offence or is a case pending? _____

State the number of days' sickness absence you have had from work in the last year _____ days.

Reasons for absence _____

Do you have a current full driving licence? YES/NO Do you own a car or have access to one? YES/NO

Qualifications Obtained/Vocational Training Course

Examination/Course (e.g. GCSE, CSE, RSA, City & Guilds, NVQ etc)	Subject	Grade/Level	Year Obtained

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Professional & Third Level Qualifications

Qualification	University/College	Grade/Level	Year Obtained

Current Employment

Name & Address of Employer	Brief Description of Duties
Start Date	Reason for Leaving

Employment History (commencing with current or most recent employer including periods of unemployment/ career breaks/voluntary work). Continue on a separate sheet if necessary.

From Month Year	To Month Year	Employers Name Location & Nature of Business	Position Held & Salary	Brief Description of Post	Reason for Leaving

Please describe how your experience and skills make you a suitable candidate for this post, paying particular attention to the criteria for the job.

Attach a separate sheet if necessary

Please describe how you spend your leisure time outside of work.

Attach a separate sheet if necessary

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Disability

The Disability discrimination Act 1995 defines disability as “a person has 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 duties”

Having read this definition, do you consider yourself to be disabled?

Yes / No

References

Please give the names and addresses of two persons for reference unrelated to you. One must be your current /last employer, the other preferably a past employer. Both must be able to comment on your ability to carry out the duties of the post for which you have applied.

If you do not wish referees to be contacted prior to interview please enter X in the relevant box below.

1.	Name:				
Company/Organisation:					
Position in Company:					
Address:					
Postcode:		Tel No:			
Please put an 'X' in the box if you do not wish referees to be contacted prior to interview					<input type="checkbox"/>

2.	Name:				
Company/Organisation:					
Position in Company:					
Address:					
Postcode:		Tel No:			
Please put an 'X' in the box if you do not wish referees to be contacted prior to interview					<input type="checkbox"/>

RETURN OF COMPLETED FORM AND DECLARATION

When you have completed this form please return it to the address below before stated closing date.
Return all sheets of the form whether you have used them or not. Late application forms will not be accepted.

**Blairs Caravans LTD
Hilltop Holiday Park
60 Loguestown Road
Portrush
BT56 8PD**

Or by email to reception@blairscaravans.com

I certify that the information I have provided is true, complete and correct to the best of my knowledge, and I understand that any false statements or the withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment or its immediate cancellation if an appointment has been accepted.

Signed: _____ **Date:** _____