



APPLICATION FOR EMPLOYMENT

DATA SERVICES OFFICER
Fixed Term (6 Months)

Closing Date:
12 noon, Friday 21 December 2018

CANDIDATES SHOULD NOT SUBMIT CVs

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

EONI is committed to equality of opportunity and welcomes applications from all sections of the community. At this time we particularly welcome applications from men.

PERSONAL DETAILS

Title	<input type="text"/>
Forename	<input type="text"/>
Middle Name(s)	<input type="text"/>
Surname	<input type="text"/>
Former Surname(s) (if applicable)	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>
Date moved to above address:	<input type="text"/>
National Insurance Number	<input type="text"/>
Town of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Email address	<input type="text"/>
Mobile	<input type="text"/>
Telephone (Home/Work)	<input type="text"/>

EMPLOYMENT HISTORY (PRESENT/MOST RECENT FIRST)

DATES month/year		NAME & ADDRESS OF EMPLOYER/ REASON FOR LEAVING	JOB TITLE/ BRIEF DUTIES
From			
To			

DATES month/year		NAME & ADDRESS OF EMPLOYER/ REASON FOR LEAVING	JOB TITLE/ BRIEF DUTIES
From			
To			

DATES month/year		NAME & ADDRESS OF EMPLOYER/ REASON FOR LEAVING	JOB TITLE/ BRIEF DUTIES
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To			

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From			
To			

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From			
To			

CANDIDATE NUMBER: _____ (Office use only)

EDUCATION (please refer to the Applicant Information Booklet for qualifications required)

Date Awarded	Subject(s)	Type/Level of qualification eg GCSE, A Level, NVQ, Degree	Grade/ Result

Equivalent Qualifications:

If you are applying for this position on the basis of a qualification(s) which you consider equivalent you must clearly demonstrate the equivalence by providing an explanation below:

Time not accounted for:

Applicants should provide details of any gaps in the above employment/academic history:

ESSENTIAL CRITERIA

Providing examples and dates, please demonstrate your ability to work in a Microsoft Office environment eg Word/Excel/Powerpoint/Access. You must provide sufficient details to demonstrate to the panel how well you meet this criterion.

Providing examples and dates, please demonstrate your experience of MS SQL Server or experience in complex data manipulation processes in SPSS syntax, SAS etc. You must provide sufficient details to demonstrate to the panel how well you meet this criterion.

Providing examples and dates, please demonstrate your ability to troubleshoot problems within systems or processes effectively. You must provide sufficient details to demonstrate to the panel how well you meet this criterion.

Providing examples and dates, please demonstrate your ability to write reports and present the findings to relevant groups. You must provide sufficient details to demonstrate to the panel how well you meet this criterion.

DESIRABLE CRITERIA

Providing examples and dates, please demonstrate your experience of a business intelligence software package (Tableau, SQL Server Reporting Service, Crystal, JasperStudio, Qlik or similar). You must provide sufficient details to demonstrate to the panel how well you meet this criterion.

**Providing examples and dates, please demonstrate your experience of managing and analysing large complex datasets including data matching, design and development
You must provide sufficient details to demonstrate to the panel how well you meet this criterion.**

CONFLICT OF INTEREST

Are you a member of any organisations/societies which might be construed as a potential conflict of interest?

Yes No

(a) Public confidence: Is there any other information, employment background, or personal connections, current or previous, which if you were appointed might give rise to public speculation?

Yes No

(c) Please indicate which of the following activities you have undertaken during the past five years by ticking all relevant boxes and by providing details of your involvement. If you have been or are an Independent, or have sought or obtained office as a representative of a particular interest group, you should state this.

- Obtained office as a MP, MEP, member of the Assembly, local Councillor or other political office.
- Stood as a candidate for one of the above offices.
- Spoken on behalf of a party or candidate.
- Acted as a political agent.
- Held office such as Chair, Treasurer or Secretary of a local branch of a party.
- Canvassed on behalf of a party or helped at elections.
- Undertaken any other political activity which you consider relevant.

If you answered yes to (a) or (b) above, or ticked a box at (c) – please provide further details:

Do you require a work permit?

YES:

NO:

If you require a work permit when does it expire:

REFERENCES

Please supply details of two references, which should normally be work related, and at least one of which should be your current (most recently if unemployed) manager/supervisor.

Name	
Position	
Nature of Relationship	
Address	
Tel No.	
Email address	

Name	
Position	
Nature of Relationship	
Address	
Tel No.	
Email address	

Additional information

Current/Most Recent Salary:	
Length of Notice	

Further information:

As an equal opportunities employer we wish to ensure that all applicants have the opportunity to performance to the best of their ability in either a test or interview situation. If you require any form of reasonable adjustment to complete any part of the assessment process outlined in the applicant booklet please provide full details and appropriate evidence to support your request. We will only advise the selection panel and test administrators, if applicable, of adjustments they NEED to know about:

DECLARATION

- A) I have read and understood the information provided in the Applicant Information Booklet and I give permission for the two referees named on this application to be contacted only if I am being considered for the post.
- B) I undertake to inform EONI in writing of any change in my circumstances which may occur between the date of my application and any possible date of appointment.
- C) I am eligible to work in the UK.
- D) The responses detailed in this application form are true and accurate to the best of my knowledge and belief. I understand that if I am found to have suppressed any material fact or to have given false answers I will be liable to disqualification or, if appointed, will face disciplinary action which may include dismissal, as well as being referred to the police for investigation of fraud.
- E) I understand that any appointment is subject to an Access NI check and agree that EONI may store and then dispose of my disclosure certificate, by secure means.

Signed:

Date:

This application form should be returned along with your completed monitoring form to the following address:

Human Resources Section
Electoral Office for NI
St Anne's House
15 Church Street
Belfast
BT1 1ER

EQUAL OPPORTUNITIES MONITORING

(Return with your application form)

PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN DISQUALIFICATION

Monitoring is carried out to ensure that our equal opportunity policy is effectively implemented. This information will be used only for monitoring the effectiveness of the Electoral Office for Northern Ireland's equal opportunities policy and to comply with obligations under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. It will not play a part in the appointment process and will be treated in the strictest confidence.

Gender

Please tick one box:

Male		Female	
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National Insurance Number

Please provide your National Insurance Number

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How did you learn of the post?

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Age

Please give your date of birth:

Day	Month	Year

Community Background

Please indicate your community background by ticking the appropriate box below:

<input type="checkbox"/>	I have a Protestant community background
<input type="checkbox"/>	I have a Roman Catholic community background
<input type="checkbox"/>	I have neither a Protestant or Roman Catholic community background

Disability

The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason. 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 adverse effect on his/her ability to carry out normal day to day activities. (Please see the Candidate Information Booklet for more information on how this definition is interpreted)

Do you consider that you meet this definition of disability? (Please tick one box below):

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

Racial Monitoring

The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. We monitor our workforce in line with recommended good practice.

Please indicate your racial origin by ticking one of the boxes below:

<input type="checkbox"/>	White	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black Other
<input type="checkbox"/>	Other – Please Specify:		

Are you a member of a Mixed Ethnic Group?

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

Are you a member of the Irish Travelling Community?

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

Language

Is English your first language? (Please tick one box below):

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

Sexual Orientation

Please consider the statement below and tick one box:

My sexual orientation is towards someone:

<input type="checkbox"/>	Of a different sex (this covers heterosexual men and women)
<input type="checkbox"/>	Of the same sex (this covers gay men and lesbians).
<input type="checkbox"/>	Of the same sex and of the opposite sex (bisexual)
<input type="checkbox"/>	Prefer not to answer

Marital Status

Please indicate your marital status by ticking one box below:

<input type="checkbox"/>	Single, that is never married or in a civil partnership
<input type="checkbox"/>	Married
<input type="checkbox"/>	In a civil partnership
<input type="checkbox"/>	Other eg divorced, separated, widowed

Dependants

Do you have a personal responsibility for the care of a child or children, a person with a disability or a dependant older person? Please tick 1 box:

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