



APPLICATION FOR EMPLOYMENT RESERVE COUNT STAFF – OMAGH AREA OFFICE

CLOSING DATE: 3.00PM ON TUESDAY, 23 MARCH 2010

CANDIDATES SHOULD NOT SUBMIT CVs

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

1. PERSONAL DETAILS

TITLE: _____ (Mr/Mrs/Miss)

SURNAME: _____ FORENAMES: _____

ADDRESS: _____

POST CODE: _____

NATIONAL INSURANCE No:

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Please provide contact numbers including a work telephone number or mobile number where you can be contacted (vacancies can often arise at short notice):

HOME: _____ **WORK:** _____

MOBILE: _____ **EMAIL:** _____

2. TESTING

All candidates will be required to sit a short speed and accuracy test at the Omagh Area Office.

What dates in March/April 2010 are you not able to attend for a test in the early evening:

3. FITNESS STATEMENT

ARE YOU AT PRESENT IN GOOD HEALTH?

Outline any serious illness you have suffered in the last five years or periods of work related sickness absences exceeding 20 days:

If applicable, please state any disability adjustments or special requirements which will be needed for you to carry out your duties:

YES NO

4. DECLARATION

Is there anything you wish to declare which might be construed as a potential conflict of interest or, if you were appointed as a count assistant, might give rise to public speculation.

YES NO

If yes, please provide details:

I confirm that to the best of my knowledge, all information given on this application form is true and accurate. I confirm that I have no criminal convictions in relation to electoral law and that I am eligible to work in the UK. I accept that the work may involve long hours and waive any rights under the European Working Time Directive.

Signed: _____ **Date:** _____

A candidate found to have knowingly given false information or to have wilfully suppressed any material point will be liable to disqualification/dismissal as well as being referred to the police for investigation of fraud.

This application should be returned along with your completed monitoring form to the EONI Headquarters at this address:

**HUMAN RESOURCES SECTION
ELECTORAL OFFICE FOR NI
ST ANNE'S HOUSE
15 CHURCH STREET
BELFAST
BT1 1ER
☎ 028 9044 6671**

EQUAL OPPORTUNITIES MONITORING
[FAILURE TO RETURN THIS FORM WITH YOUR APPLICATION FORM
WILL RESULT IN DISQUALIFICATION]

Please tick as appropriate:

Male

Female

National Insurance Number:

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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.

COMMUNITY BACKGROUND

Please tick the appropriate box:

I have a **Protestant** community backgroundI have a **Roman Catholic** community backgroundI have neither a **Protestant** nor a **Roman Catholic** community background**MARITAL STATUS**

Please tick the appropriate box:

Single

Married/Co-habiting/Civil Partnership

Widowed

Separated/Divorced

DEPENDANTS

Do you have dependants?

Yes

No

SEXUAL ORIENTATION

My sexual orientation is towards someone:

Of different sex

Same sex

Both sexes

Prefer not to answer

PLEASE ALSO COMPLETE THE ADDITIONAL PAGE

ETHNIC ORIGIN

Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Mixed Ethnic Group	<input type="checkbox"/>
Any other ethnic group:	<input type="checkbox"/>	Please identify: _____	

AGE:

Under 24	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65 +	<input type="checkbox"/>

NATIONALITY: _____ DATE OF BIRTH: _____

DISABILITY

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 note that it is the effect of the impairment, without treatment, which determines if an individual meets the definition of disability.

Do you consider yourself to have a disability? Yes: No:

Please tick the category or categories which apply to you:

- Hearing impairment
- Visual impairment
- Speech impairment
- Mobility impairment
- Physical co-ordination difficulties
- Reduced physical capacity
- Severe disfigurement
- Learning difficulties
- Mental illness/mental health difficulty

How did you hear about this position :

Thank you.