



21a William Street, Dungannon, Co. Tyrone
Tel: 028 8772 7648 Email: fswc.recruitment@gmail.com

Vacancy Closing Date – Thursday 8th June 2023 @ 12.00 noon

The Vacancy:

Job Applied For:	Administrative Assistant – REAP Project, 24 hrs per week
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About Yourself:

Surname:	
Forenames:	
Address:	
Postcode:	
Home Telephone Number:	
Other Telephone Numbers:	
National Insurance Number:	

Are you a car owner or do you have use of a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability which presents special needs at the selection interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details of how we can help you:	

Your Qualifications

Date Taken	Examination taken e.g. Degree, Post Graduate, A LEVEL, GCSE VOCATIONAL, IT etc.	Qualification gained & Grade

Verification of qualifications may be sought by the employer

Other Information (e.g. any relevant experience or training courses you have attended etc.)

Hobbies and Interests (Please give details)

Employment Record (continued on page 5)

Name and Address of Employer	Date Started	Date Ended	Position Held (Give brief description of duties)	Reason for Leaving

Name and Address of employer	Date Started	Date Ended	Position Held (Give brief description of duties)	Reason for Leaving

Character References

(Please give the name, address and occupation of two persons, one of which should be latest/current employer. These persons should not be related to you and have known you for a minimum of two years.)

Name: _____	Name: _____
Address:	Address:
Postcode: _____	Postcode: _____
Occupation: _____	Occupation: _____
Telephone No.: _____	Telephone No.: _____

Do you have any objections to contact being made with your present or past employers?

Yes No

If yes, please explain:

How do you feel your experience to date meets the essential criteria? Please use additional pages as required.

How do you feel your experience to date meets the desirable criteria? Please use additional pages as required.

Declaration

I declare that the information that I have given is correct.

Signed: _____ Date: _____

Office Use Only: Date Received: _____
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