# **ROYAL ULSTER AGRICULTURAL SOCIETY**

**APPLICATION FOR EMPLOYMENT**

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| **Ref No: GO2025 Closing Date 22nd August 2025** | |
| **Position Applied For: General Operative** | |
| **Personal Details** | |
| **Name** | Title: |
|  | Forename (s) |
|  | Surname: |
|  | Address: |
|  | Postcode: |
| **Contact Information** | Email: |
|  | Tel No: (Home) |
|  | Tel No: (Mobile) |
|  | National Insurance No: |
| **Driving Licence** | Yes/No |
| **Are there any restrictions on you taking up Employment in Northern Ireland?**  Yes/ No | |
| If yes, please provide details | |

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| **Education** | School/College/University Name | | Qualification Gained |
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| **Employment History** (Please complete in full and use a separate sheet if necessary) | | | |
| **Last/Current Employer** | | Name of Employer | |
|  | | Address | |
| Date of Employment | |
| Job Title | |
| Duties | |
| Rate of Pay | |
| Reason for leaving | |
| Notice period | |
| **Previous Employment** | | Name of Employer | |
| Address | |
| Job Title | |
| Duties | |
| Rate of Pay | |
| Reason for leaving | |
| Notice period | |
| **Previous Employment** | | Name of Employer | |
| Address | |
| Job Title | |
| Duties | |
| Rate of Pay | |
| Reason for leaving | |
| Notice period | |
| **Health Details** | | Are you disabled? If YES please give details and specify any special needs in relation to your disability  YES/NO  Please list any disease, disorder, allergies, muscular or muscular-skeletal injuries from which you have suffered or do suffer: | |
|  | | Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving | |
|  | | Please list all absences from work in the past 12 months and the reason for such absence | |

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| **Please give any further information you feel is relevant to this application e.g. special skills or training that best reflect your suitability for the role** (Continue on separate sheet if necessary) |

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| **References: (please note here two persons from who we may obtain character and work references)** | |
| Name  Company Name  Address  Telephone No.  May be approach them before interview? Yes/No | Name  Company Name  Address  Telephone No.  May be approach them before interview? Yes/No |
| **Criminal Record**  Please note any criminal convictions except those ‘spent’ under the Criminal Justice Act 2011. Please state: | |

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| **Declaration (Please read this carefully before signing this application)**   1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. I agree that the organisation reserves the right to require me to undergo a medical examination (should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain our permission prior to contacting your doctor   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |