

APPLICATION FORM

Please complete this form and return it via email, post, or hand delivered to either of our offices on or before the closing date specified in the job advertisement. In the interests of fairness to all applicants, CVs will not be accepted in lieu of a completed application form. All information given will be treated with the strictest confidence and in compliance with the General Data Protection Regulations. Continuation sheets may be added if necessary.

Please email manager.ocu@omaghcreditunion.co.uk should you require any reasonable adjustments to the application form or application process under provisions of the Equality Act. Forms must be submitted before **5pm Friday 1**st **March 2024**

POSITION APPLIED FOR: Part-time Teller (Min 8.5 hours per week)

PERSONAL DETAILS:

Surname:	Telephone nu	mber (Home)	
Forenames:	Telephone nu	mber (Mobile)	
Email:	Date of Birth		
Address:			
Postcode:			
Do You hold a current driving licence	Yes	No	
Do You Have use of a car?	Yes	No	

Do You have the right to work in Northern Ireland?

Yes/No

Note: the company will require proof of this right before an offer of employment can be confirmed –eg Birth certificate and/or any other appropriate document required to confirm your right to work in N.I as required by the Asylum and Immigration Act 2006

YOUR QUALIFICATIONS

Date	Type of Exam(A- Level,GCSE)	Name of School	Subject and Grade

FURTHER/HIGHER EDUCATION

Date	Type(BSc,MA)	Name of Institution	Subject Taken & Qualifications Gained(Specify Grade or Degree Class Obtained)

EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)

Name & Address of Employer	From:	Job Title:
& Nature of Business	To:	Job Function/Responsibilities:
	То:	
Details of training courses atte	nded, and awards	achieved, including dates, if appropriate:

Details of training courses attended, and awards achieved, including dates, if appropriate:	

SUITABILITY FOR THIS POSITION

Please tell us why you have applied for this job and why you think you are the best person for the ob	

REFEREES

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

Name:	Name:
Position	Position:
Company	Company
Address:	Address:
Telephone Number:	Telephone Number:
Nature of Relationship:	Nature of Relationship:
information given may result in a joint is subject on receipt of a satisfactory	ich I have provided is correct. I understand that any false b offer being withdrawn. I understand that my application y criminal records check, an appropriate fitness and redit Union and pre-approval by the PRA and FCA.
Signature:	Date: