

# Application Form

No. \_\_\_\_\_

Careers With

# Caldwell



Name

Position  
Applied for

Date

**Caldwell Consulting**

8 Lorne Street Belfast BT9 7DU  
Tel 028 9066 9456 Fax 028 9066 2219

17A Queen Street Londonderry BT48 7EQ

[caldwellconsulting.co.uk](http://caldwellconsulting.co.uk)

**PERSONAL DETAILS:**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Do you have a clean and current Driving Licence? Yes  No

Do you own a car or have access to a car for business use? Yes  No

Caldwell Consulting is aware that some people with disabilities may not be able to hold a driving licence. If appropriate please demonstrate how you can fulfil the mobility requirements for the post for which you are applying.

Have you ever been convicted of a criminal offence which is not yet spent under the Rehabilitation of Offenders Act 1974? Yes  No

If yes - please give details:

Medical History - give details of any illness, operation or accident resulting in absence from work exceeding 20 working days in any 12-month period.

**PROFESSIONAL MEMBERSHIP:**

Please detail below membership of any professional bodies:

Professional Body	Level / Grade of Membership
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**EDUCATION AND TRAINING:**

Please list below details of schools, colleges and other places of education and training that you have attended and any grade or qualification obtained, start with the most recent and continue in chronological order:

Establishment	Year	Qualification	Grade

Additional skills / qualifications, scholarships, prizes, Health & Safety, CSR, etc.

**COMPUTER SKILLS:**

Please complete the list below indicating computer ability, if you are unfamiliar with the software please leave it blank:

Application	Basic	Moderate	Extensive
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AutoCAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amtech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IES VE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 15px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CAREER HISTORY:**

Please schedule your employment history in reverse order, starting with the present or latest one:

Name and address of employer                      Date from    Date to                      Position(s) held and brief description of duties


Additional career details

Length of termination notice required by present employer \_\_\_\_\_

Current Salary \_\_\_\_\_

Expected Salary \_\_\_\_\_

**SECTOR EXPERIENCE:**

Please indicate work sectors in which you have experience:

- |                      |                          |                     |                          |
|----------------------|--------------------------|---------------------|--------------------------|
| Education            | <input type="checkbox"/> | ICT                 | <input type="checkbox"/> |
| Apartments / Housing | <input type="checkbox"/> | Social Housing      | <input type="checkbox"/> |
| Hotels               | <input type="checkbox"/> | Industrial          | <input type="checkbox"/> |
| Conservation         | <input type="checkbox"/> | Sustainability      | <input type="checkbox"/> |
| Retail               | <input type="checkbox"/> | Security            | <input type="checkbox"/> |
| Healthcare           | <input type="checkbox"/> | Religion            | <input type="checkbox"/> |
| Leisure              | <input type="checkbox"/> | Legal               | <input type="checkbox"/> |
| Offices              | <input type="checkbox"/> | Facility Management | <input type="checkbox"/> |



## MONITORING QUESTIONNAIRE - PRIVATE AND CONFIDENTIAL

EQUALITY OF OPPORTUNITY

REF. \_\_\_\_\_

Caldwell Consulting is an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion, disability, gender, marital status, age, race, nationality or ethnic origin. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment we need to monitor our applicants and employees.

<b>Marital Status</b>			
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>	_____

<b>Gender</b>		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	

<b>Disability</b>			
Have you any disabilities you would like us to know about?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes describe:	
If you have a disability what adjustment, if any, can we make to assist you in the job role / interview			

<b>Nationality</b>	
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<b>Community and Ethnic Background</b>			
<b>Community Background</b>			
I am a member of the Protestant Community		<input type="checkbox"/>	
I am a member of the Roman Catholic Community		<input type="checkbox"/>	
I am a member of neither the Protestant or Roman Catholic Community		<input type="checkbox"/>	
<b>Ethnic Background</b>			
White <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Mixed ethnic Group <input type="checkbox"/>
Irish Traveller <input type="checkbox"/>	Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>
Indian <input type="checkbox"/>	Black other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	_____

Note: It is a criminal offence under the legislation for a person to “give false information.....in connection with the preparation of the monitoring return”.

**Please ensure that your questionnaire is placed in the STRICTLY PRIVATE AND CONFIDENTIAL white envelope provided and returned to the Monitoring Officer.**