



Confidential Employment Application Form

Position applied for: _____

(Please fill out this form in your own handwriting. If you need more space to elaborate the information given, please attach extra sheet(s) to this form.)

Section 1.

Personal details

Surname _____ First Name _____

Address _____

E-mail address : _____

Telephone No.: Home _____ Mobile: _____

Business: _____ May we contact you there. Yes No

Are you a car owner? _____ Do you have a full clean Irish driving licence? _____

Class of licence? _____ Expiry Date? _____

Next of Kin *(to be contacted in case of emergency)* Relationship to you: _____

Name: _____

Address: _____

Telephone No. _____ Mobile _____

Section 2.**Education / Training**

Second Level Education

Name of School College	From	To
_____	_____	_____
_____	_____	_____

Results of Public Examinations taken:

Third Level Education (College/University/Other Third Level Institution)

Name of / College	From	To	Course taken and Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Training (include any part-time courses completed in last 5 years)

Name of Training Body	From	To	Course taken and Qualification attained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership of Professional Bodies:

What level of computer literacy have you attained? _____

Section 3.

Occupational Experience

Present Employment / or Most Recent

Name and address of Employer : _____

Nature of Business: _____

Position held: _____ Full Time or Part Time: _____

Date Appointed: _____ Date Terminated: _____

Salary: _____ Period of Notice Required : _____

Describe your present or most recent employment, indicating to whom you are responsible and who is responsible to you, number and type of staff supervised.

What do you consider to be (a) your main duties, (b) responsibilities and (c) achievements in this position?

Why do you wish to change?

What has been your most successful work based initiative to date? Explain.

What skills or attributes would you bring to this present position, if successful?

Occupational Experience

(Starting with the employment immediately preceding Section 3 page 3.)

From	To	Employer Nature of Business	Address	Position Held	Main Duties and responsibilities	Reason for leaving

Social Activities / Special Interests / Hobbies and any voluntary committees/groups that you have held office in:

Referees : (Do not include relatives)

Name address and telephone number of three referees, one of whom should preferably be your current or last employer.

- 1. Name: _____ Address: _____
_____ Tel: _____
Years known: _____ Occupation: _____

- 2. Name: _____ Address: _____
_____ Tel: _____
Years known: _____ Occupation: _____

- 3. Name: _____ Address: _____
_____ Tel: _____
Years known: _____ Occupation: _____

DECLARATION :

I hereby declare that all the particulars furnished on this form are true and I am aware of the criteria and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this application form. Guidelines for posts in health care organisations give consideration that persons must undergo Garda Clearance, which the company will apply for with my consent. I will be required to undergo a medical examination and reference will be sought.

I understand that any false or misleading information will lead to automatic disqualification and/or dismissal.

Signed:- _____ **Date:-** _____

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Please return with this form which we will process as appropriate and provide copies of all relevant educational qualifications. (Garda Clearance form may be only issued at first interview)

Section 5.

For Official Use Only

Date Received: - _____

Interview Offered? :- _____

Interviewed by : - _____

Date: - _____

Position Offered? : - _____

Details and Follow Up: - _____

Probation Period: - _____