



## APPLICATION FORM STRICTLY CONFIDENTIAL

**Position Applied for:**

**Have you worked with this Company before?**

Yes  No

If yes, when? \_\_\_\_\_

**Rate of Pay expected?**

€ \_\_\_\_\_ Gross per week/hour

### **PERSONAL DETAILS (Please Print Clearly)**

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

First Name : \_\_\_\_\_

Permanent Address:

Present Address (if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel : \_\_\_\_\_

Mobile : \_\_\_\_\_

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

### **GENERAL**

1. Are you over 18 and under 65 years of age?  Yes  No
2. Date of Birth : \_\_\_\_\_ (You are not obliged to complete this at this time, however, if appointed this information will need to be submitted to the Company)
3. If not born in the EU, do you have valid permission to live in Ireland?  Yes  No
4. If not born in the EU, do you have valid permission to work in Ireland?  Yes  No
5. Would you relocate to another property /town /area if required to do so?  Yes  No

6. Languages - What level of spoken/written proficiency do you have?

Language : English :  Fluent  Intermediate  Beginner

Other? : \_\_\_\_\_  Fluent  Intermediate  Beginner

**FITNESS / GENERAL WELL-BEING**

1. Have you had any illnesses, injuries or accidents which have caused you to be off work for two weeks or more within the past two years?     Yes     No

If yes, please give details stating the nature of the absence and/or injuries sustained.

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2. Have you a Certificate of Fitness to confirm that this injury/illness no longer affects you?  
 Yes     No

3. In relation to being able to carry out the position that you have applied for - Are you aware of any condition that you may have which might cause injury or harm to yourself or another person in the workplace?     Yes     No

**EDUCATION & QUALIFICATION (Please list most recent place first)**

<b>Names &amp; Addresses of Schools Attended:</b>	<b>Dates:</b>	<b>Examinations taken</b> (with subjects, dates and results):
<b>Further Education:</b> (College, University, Evening Classes, Correspondence Courses etc.)	<b>Dates:</b>	<b>Examinations taken</b> (with subjects, dates and results):

**Employment Record – Please show every position since leaving school/college.  
For any periods of unemployment, please indicate dates and address of social welfare office where  
registered.  
Please list most recent employment first working backwards from there.**

<b>Date From</b>	<b>Date To</b>	<b>Name &amp; Address of Employer</b>	<b>Position Held</b>	<b>Salary</b>	<b>Reason for Leaving</b>

**REFERENCES** - References will not be taken up with your current employer without your permission. Where possible, referees should cover previous 5 years of employment.

Name : \_\_\_\_\_

Position : \_\_\_\_\_

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

Tel/Mobile No: \_\_\_\_\_

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

Type of Reference: Education/Employer/Character

Name : \_\_\_\_\_

Position : \_\_\_\_\_

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

Tel/Mobile No: \_\_\_\_\_

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

Type of Reference: Education/Employer/Character

Name : \_\_\_\_\_

Position : \_\_\_\_\_

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

Tel/Mobile No : \_\_\_\_\_

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

Type of Reference: Education/Employer/Character

Name : \_\_\_\_\_

Position : \_\_\_\_\_

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

Tel/Mobile No: \_\_\_\_\_

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

Type of Reference: Education/Employer/Character

**SECURITY**

1. Do you have a criminal record?  Yes  No
2. Do you have any impending court cases that could prevent your being available and able to carry out the duties of this position in the immediate future?  Yes  No
3. Have you ever been discharged or asked to resign from a company?  Yes  No

***Be Assured that we are an Equal Opportunities Employer***

I confirm that the above information is true and accurate and I fully understand that any false information given by me will result in my employment being terminated.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_