



APPLICATION FOR EMPLOYMENT

Full Name: _____
Address: _____
Contact Telephone Number: 1 _____ 2 _____
Date of Birth: _____
Position applied for: _____
In which Region do you wish to work? _____
Are there any restrictions on your right to work in Ireland? _____
On what date are you available to begin? _____
Are you engaged in other employment? _____
Name of Employer: _____ No of Hours per week _____

EDUCATION

<u>SCHOOLS</u>	<u>From</u>	<u>To</u>	<u>Examinations & Results</u>
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Further Education/Training

Medical Information

Name of Family Physician _____ Telephone Number: _____

Do you suffer from any illness or disability, which could restrict duties?

No Yes Please give details

As you will be required to carry out lifting duties from time to time, have you suffered from any back pain or injury? If so please supply details:

Employment History: (Most recent employment first)

Present/Last Employer: _____
Contact Name: _____
Address: _____
Telephone Number: _____
Responsibilities: _____
Rate of pay: _____
Reason for Leaving: _____
Start/ Finish Date: _____

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Rate of pay: _____
Reason for Leaving: _____
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Have you been convicted of any criminal offence? If so, please supply details:

Please supply names and address of two references, which we may contact. Please be advised that we reserve the right to seek references from any other source deemed appropriate beyond the two people nominated.

References

Name of References	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Working Time Regulations

Working Time Regulation Act governs the length of the maximum working week, which is deemed safe to work. The correct regulation is a maximum average net weekly working time of 48 hours per week over a period of four months

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same.

Signed: _____

Print Name: _____

Declaration

I declare that the above information is correct and true. I accept that any omissions or misrepresentations may result in my contract being terminated.

Signed: _____

Date: _____