

APPLICATION FORM



To comply with the Data Protection Acts provide will be kept for the purposes of during the recruitment process. Once the recruitment process is completed.

Please read carefully all instructions before completing this form. Please use BLOCK CAPITALS, black ballpoint pen or typescript since it will be necessary to photocopy your application.

1988 and 2003 the information you monitoring and will be copied for use **If you are the successful candidate**, relevant information will be taken from this form and used as part of your personnel record.

Application for the post of:		
Location:		
Date:		
Title	Forename(s)	Surname
Address		
Home telephone number:		PPS Number:
Mobile telephone number:		
Email address:		

Education, qualification and training

Please include qualifications obtained and any relevant training courses attended

Subjects studied and/or training completed.	Grades and or qualifications gained	Date

Employment History

(Current or most recent employer)

Give details of your present or most recent employer, your reason for leaving and the amount of notice required, if you are a school leaver, please include details of any work experience

Name and address of Employer	From Month Year	To Month Year	Notice required	Reason for leaving and salary on leaving
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Job Title:

Brief description of duties and responsibilities

Have you ever been dismissed or asked to resign by a previous employer? If yes, please give details.

YES []

NO []

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Previous employment

List all other employers, account for any gaps in employment. Continue on a separate sheet if required.

Employer Name	Position held	From Month Year	To Month Year	Reason for leaving
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Experience, Skills and Knowledge

This is a vital part of the application.

You should show how you meet each requirement of the Person Specification by providing details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere.

Candidates need to be aware that it is the policy of the organisation to obtain a Garda Clearance Disclosure on each employee before they commence their employment with the organisation. (This requirement is applicable only to candidates we would wish to appoint).

HAVE YOU EVER BEEN CONVICTED/ARRESTED OR CAUTIONED OF A CRIMINAL OFFENCE?

(Please tick)

Yes [] No []

If YES, please give details (continue on a separate sheet if necessary)

Do you hold a current full clean driving licence? Yes [] No []

Are you a car owner? Yes [] No []

Have you any valid endorsements? Yes [] No []

Are you legally permitted to work in Ireland without restriction? Yes [] No []

This role requires you to work evenings and some weekends. Will this pose a problem for you? Yes [] No []

References

Please give details of two referees (including addresses), who are able to comment on your work ability. One referee should be your current or most recent employer.

Referees will only be contacted if you are successful at interview and prior to commencing employment with Wicklow Community Services

Employment is offered subject to the receipt of satisfactory references.

<p>1. Current/most recent employer</p> <p>Name:-</p> <p>Address:-</p> <p>Email:-</p> <p>Telephone:-</p>	<p>2. Second Referee</p> <p>Name:-</p> <p>Address:-</p> <p>Email:-</p> <p>Telephone:-</p>
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Criminal Records/Convictions

Do you suffer from or have you ever had?	Yes	No	Details (with dates)
Are you allergic to anything?			
Fainting/Vertigo/Fits/Blackouts/Epilepsy			
Recurrent headaches or migraine			
Are you currently required to wear glasses, reading glasses or contact lenses?			
Have you ever suffered with alcohol or drug abuse? (please see Company Handbook)			
Asthma			
High or Low Blood Pressure			
Any Heart disease or disorder			
Any infectious blood disorder(s)			
Back or neck problems/Discomfort when bending/lifting, X-Rays or tests			
Have you been off work in the last two years because of illness or injury?			

Medical Evaluation Questionnaire

Please detail any other pre-existing condition that is not listed above:



DECLARATION:

I confirm that I am of suitable physical and mental health to undertake the role I have applied for. I understand I would be required to provide a "Fit to Work" certificate from my doctor if I am offered the position.

I declare that the information contained in this application form is corrected. I understand that false or misleading information or failure to disclose a conviction, caution or arrest, may lead to the offer of employment being withdrawn or to dismissal. I also understand that information may be entered onto a computer and under the terms and conditions of the Data Protection Act will be treated in a secure and confidential manner.

Signature:-

Date:-

**Please Return Completed Application Form To:-
Wicklow Community Services
Office 2, 1st Floor,
Earlton House,
South Quay
Wicklow Town
Co. Wicklow.**