

Application for Employment

PLEASE PRINT IN BLOCK CAPITALS

Position Applied for:	Location:	Ref. No.:
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PERSONAL DETAILS

Surname: _____ First Names: _____

Home Address: _____ Telephone No. Home: _____
_____ Telephone No. Mobile: _____
_____ Telephone No. Work: _____
_____ E-mail Address: _____

Do you hold a current driving license? Yes No

Are you a car owner? Yes No

Are there any restrictions on your right to work in Ireland?

Yes Please provide details: _____

No

Where did you see this position advertised? _____

EDUCATION AND QUALIFICATIONS

General Education

From	To	School attended	Examinations taken and result obtained

Third Level academic, professional or technical qualifications (if any)

From	To	Institute/College attended	Examinations taken and result obtained

Other courses/skills/training/interests in support of application

From	To	Provider attended	Examinations taken and result obtained

Please complete for any of the listed courses.

Course	Date Attended	Length of Course		
		1 Day	3 Day	Refresher
Manual Handling				
First Aid				
Fire Safety				
Client Protection				
Studio III				

Membership of professional bodies or similar organisations.

Please enclose photocopies of your qualifications and, if relevant, a photocopy of your current Bord Altranais agus Cnáimhseachais na hÉireann Registration certificate with this application form. (Please do not send originals)

EMPLOYMENT HISTORY/EXPERIENCE

Please start with your present or most recent employer (please use additional pages if necessary).

Dates of employment		Name and address of employer	Position held and brief list of duties	Current/ Annual salary	Reason for leaving
MONTH	YEAR				
to					

Notice required: _____

to					

to					

to					

Dates of employment		Name and address of employer	Position held and brief list of duties	Current/Annual salary	Reason for leaving
MONTH	YEAR				
to					
to					
to					

SUPPORTING STATEMENT/INFORMATION

Please give details of experience and other relevant information in support of your application. Please include reasons for your application. You may use continuation pages if necessary.

REFERENCES

Please list below the details of three referees, preferably employers, one of whom should be your current/most recent employer.

Referee 1:

Organisation Name: _____

Contact Name: _____

Position: _____

Address: _____

Telephone No. _____

E-mail Address: _____

Please indicate by placing a 'X' in the box if you do
not wish an approach to be made prior to interview

Referee 2:

Organisation Name: _____

Contact Name: _____

Position: _____

Address: _____

Telephone No. _____

E-mail Address: _____

Please indicate by placing a 'X' in the box if you do
not wish an approach to be made prior to appointment

Referee 3:

Organisation Name: _____

Contact Name: _____

Position: _____

Address: _____

Telephone No. _____

E-mail Address: _____

Please indicate by placing a 'X' in the box if you do
not wish an approach to be made prior to interview

GARDA CLEARANCE CONSENT

Please note that under the Department of Health & Children guidelines, Ability West is obliged to seek a check on Garda Síochána records once an offer of employment is made. I consent to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to section 13 (4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

DECLARATION

I confirm that to the best of my knowledge the information given on this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment.

I understand that false statements may lead to disqualification, or if appointed, to termination of employment.

I hereby accept and understand that Ability West will hold personal information which is necessary for recruitment and employment purposes only, as provided for in the Data Protection Acts 1988 and 2003 and Freedom of Information Act 2014.

I agree that my contact details can be used for these purposes.

I have read and understood this declaration.

Signature: _____ Date: _____

Canvassing by or on behalf of any candidate will disqualify and result in exclusion from the recruitment process.

Please return this completed application form to:

**Human Resources Directorate
Ability West
Blackrock House
Salthill
Galway**

e-mail: recruitment@abilitywest.ie