

St. Hilda's Services
Application for Employment

PLEASE USE BLACK INK AND PRINT IN BLOCK CAPITALS

Position Applied For :	Ref Number (if applicable) :
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PERSONAL DETAILS

Surname : _____ First Names : _____ Mr/Mrs/Ms : _____

Home Address : _____ Date of Birth : _____

Telephone No. Home : _____

Telephone No. Mobile : _____

Email Address : _____

Do you hold a current driving licence? Yes No

Are you a car owner? Yes No

Any there any restrictions on your right to work in Ireland? Yes No

If 'Yes' please provide details : _____

Please state any languages, apart from English, you may have and the degree of fluency :

Language	Fluency

Briefly describe your interests / leisure activities :

EDUCATION AND QUALIFICATIONS

General Education

From	To	School Attended	Examinations taken (Year of Examination and Result Obtained)

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

From	To	Institute / College Attended	Examinations taken (Year of Examination and Result Obtained)

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

From	To	Provider Attended	Examinations taken (Year of Examination 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				

Membership of professional bodies or similar organisations.

**Please enclose photocopies of your qualifications and, if relevant, a photocopy of your current An Bord Altranais 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).

Date of Employment		Name & Address of Employer	Position held and brief list of duties	Current / Annual Salary	Reason for Leaving
Month	Year				
to					

Notice Required : _____

Date of Employment		Name & 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 two referees, preferably employers, one of whom should be your current / most recent employer.

Referee 1 :

Referee 2 :

Organisation Name : _____

Organisation Name : _____

Contact Name : _____

Contact Name : _____

Position : _____

Position : _____

Address : _____

Address : _____

Telephone Number : _____

Telephone Number : _____

Email Address : _____

Email Address : _____

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

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GARDA CLEARANCE

Please note that under the Department of Health and Children guidelines, St. Hilda's Services is obliged to seek a check on Garda Siochana records before an offer of employment is made.

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 terminated of employment.

I hereby accept and understand that St. Hilda's Services 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, 1997. 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 and fully completed Garda Clearance Form to :-
St. Hilda's Services
Central Administration Office
Grace Park Road, Athlone, Co. Westmeath.*