



St. Hilda's Services

Application for Employment



**THIS FORM SHOULD BE PRINTED OUT, DO NOT TYPE INTO IT,
ONLY HANDWRITTEN APPLICATION FORMS WILL BE ACCEPTED.
PLEASE USE BLACK INK AND PRINT IN BLOCK CAPITALS**

St. Hilda's Services is committed to managing Personal Data in line with all existing legislation, including the Data Protection Acts 1988, 2003 and 2018 and the General Data Protection Regulations (EU) 2016/679. Information submitted as part of a job application is used in processing your application. Application details may be held by St. Hilda's Services for 6 months. If you are successful in a recruitment and selection campaign, your application will be retained in line with our Privacy Policy / Data Protection Statement. If you are unsuccessful in a recruitment and selection campaign, your application will be destroyed. For details of our Privacy Policy / Data Protection Statement, please see www.sthildas.ie

| | |
|------------------------|------------------------------|
| Position Applied For : | Ref Number (if applicable) : |
|------------------------|------------------------------|

PERSONAL DETAILS

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

Home Address : _____

Telephone No. Home : _____

Telephone No. Mobile : _____

Email Address : _____

Do you hold a current driving licence? Yes No

Does your Current Driving Licence Restrict you to driving vehicles with Automatic Transmission ONLY (Code 78) 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 : _____

Affix Passport Size Photo Here.

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 :

Organisation Name : _____

Contact Name : _____

Position : _____

Address : _____

Telephone Number : _____

Email Address : _____

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

Organisation Name : _____

Contact Name : _____

Position : _____

Address : _____

Telephone Number : _____

Email Address : _____

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

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 termination 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, 2003, 2018; Freedom of Information Act, 1997 and the General Data Protection Regulations (EU) 2016/679.

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 Vetting Form to :-

St. Hilda's Services

Central Administration Office 'HR Manager'

Grace Park Road, Athlone, Co. Westmeath N37 YR62.