



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 : _____

Referee 2 :

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.

☐

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 Síochána 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.