

Confidential Employment Application Form

Saint John of God Community Services CLG

Answer all applicable questions to the best of your knowledge and belief. Falsification or omission of information will result in refusal to employ or termination of employment.

- Please include your Curriculum Vitae with this application form and use additional pages as necessary in response to any of the questions contained herein.
- Please sign the declaration.
- In order to protect children and vulnerable adults, the Department of Health & Children has issued guidelines in relation to the recruitment of health service personnel. These guidelines advise that persons under consideration for health service posts must undergo Garda clearance. Please complete the Garda Vetting Application form.
- Canvassing by and/or on behalf of any applicant will result in the application not being considered further.

- You will be required to undergo a medical examination and references will be sought.
- For posts involving exposure prone procedures you will be required to provide documentary evidence that you are not an infectious carrier of the Hepatitis B virus.
- The information contained in this application will be used for the purpose of processing your application and, if you are successful, will form the basis of your personnel record (Data Protection Act, 1988)

Position applied for:

Where did you see the job advertised:

Personal Details

Surname:	First Name:
Address	Telephone:
	Mobile:
	Times normally available:
	Email:
Do you require a work permit? Yes 🔲 No 🥅	Type of permit:
Are you a car owner? Yes 🔲 No 🛄	Do you hold a full drivers licence? Yes 🔲 No 🛄
Class of licence held:	Expiry date:
Education Details:	
School/College From - To	Qualification/ Title of Award

School/College	From - To	Qualification/ Title of Award

Medical/ Nursing Details:

Details of Discipline	Date of Registration	Name of Body	Registration/PIN number



Present Employment

Present employer (or most recent if none at present):	

Employer:	Date Appointment:	Date Terminated:
Position:	Salary:	Notice Required:

Please describe your present (or most recent) employment, indicating your main responsibilities and activities, to whom you are responsible and who is responsible to you:

What do you consider to be your main contribution to this employment and why?

Why do you wish to change?

What are your	long term	career	plans?
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References:

Please include your current employer. Do not include relatives.

Name:		
Address:		
Telephone:		
Email:		
Years Known:		
Occupation:		

Declaration

I hereby declare that all the particulars furnished on this form are true and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this application form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification.

□ I consent for the Personal data provided to be used for the purpose of Recruitment . Where there is a need to collect data or use this data for another purpose, the organisation shall inform me of this. In cases where it is appropriate to get my consent, the organisation will do so. Should my personal data change at a future date I will inform the Human Resources Department

Signature of applicant: _____

Date:_____