

**Congregation of the Most Holy Redeemer** Dublin Province

## Post applied for Closing date 7th November 2018

**JOB APPLICATION FORM**

The information you supply on this form will be treated in confidence

## Please complete legibly in BLOCK CAPITALS, using black ink

**Section 1: Personal details**

**Last Name First Name**

**Address**

|  |
| --- |
|  |
|  |
| **Postcode** |

**Home Telephone Nat. Insurance / PPS No.**

**Daytime Telephone Mobile**

**E-mail address:**

**Section 2: Employment Details**

1. **Current Employment** (if now unemployed, give details of most recent employer)

## Name of current or most recent Employer

|  |
| --- |
| **Address** |
|  |
| **Postcode** |

**Post Title Salary**

**Date started in post Date left post** (if no longeremployed)

**Brief description of duties / key responsibilities**

**Period of notice Last day of service**

 (if applicable) (if no longer employed)

**Reason for leaving**

(if no longer employed)

1. **Previous Employment** (employer before current or most recent employer)

**Name of Employer**

|  |
| --- |
| **Address:** |
|  |
|  |
|  |

**Post Title**

**Date started in post Date left post**

**Brief description of duties**

**Reason for leaving:**

1. **Other Previous Employments** (brief details)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates**  | **Name of Employer** | **Title of Post** | **Key Responsibilities** | **Reason for Leaving** |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |
| From:To: |  |  |  |  |

**Section 3: Education**

**QUALIFICATIONS OBTAINED FROM SCHOOLS, COLLEGES AND UNIVERSITIES.**

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University** | **Course** | **Dates (from/to)** | **Qualifications/grades obtained** |
|  |  |  |  |
| **School** | **Subjects** | **Dates (from/to)** | **Qualifications/ grades obtained** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Professional/Technical/ Management Qualifications** | **Course Details/Dates** |
|  |  |
| **Membership of any Professional / Technical Associations: please state level of membership:** |

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

|  |  |
| --- | --- |
| **Title of Training Programme or Course** | **Date(s) and Duration of Course** |
|  |  |

**Section 4: Suitability for the Advertised Post**

 **Please describe below how you meet the essential criteria for this post:**

**Section 5: Health**

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

**Number of one/two days’ sickness absence in the last 2 years Number of times of longer sickness periods in the last 2 years**

**Have you ever had to resign, retire or been dismissed from a post for ill-health reasons?**

**YES NO** If YES, please give details below

## DISABILITY

**Do you require a reasonable adjustment for reasons of disability to allow you attend for interview, and/or undertake the duties of this post if successful?**

**YES NO** If **YES**, please give details below:

**Section 6: References**

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. ***Forms with no referees given WILL NOT be considered***.

|  |  |  |
| --- | --- | --- |
|  | **First Referee** | **Second Referee** |
| **Name** |  |  |
| **Position / Job Title** |  |  |
| **Work Relationship** |  |  |
| **Organisation/ Company** |  |  |
| **Address** |  |  |
| **Tel** |  |  |
| **Mobile** |  |  |
|  **E-mail** |  |  |
|  | Are you willing for this referee to be approached **prior** to the interview? **Yes No**  | Are you willing for this referee to be approached **prior** to the interview?**Yes No**  |

## DRIVING LICENCE (if relevant to post applied for)

Do you hold a full, clean driving licence valid in Ireland? **Yes No**

*If relevant, bring a copy of your licence to interview.*

## REHABILITATION OF OFFENDER (EXCEPTIONS) ORDER NI 1979 and SEX OFFENDERS ACT 2001 (ROI)

Do you have any criminal convictions? **YES No** **If YES, please give details below:**

## SAFEGUARDING

Have you ever been reported to the Independent Safeguarding Authority (Northern Ireland) or the civil authorities (Irish Republic) because of misconduct involving a child or vulnerable adult?

**Yes No If YES, please give details below:**

## EMPLOYMENT RESTRICTIONS

Are you free to remain, and take up employment, in Ireland with no current immigration restrictions?

 **Yes No** *If relevant, bring appropriate documentation to interview.*

## PROFESSIONAL ISSUES

1. Have you ever been or are you currently involved in any professional or personal unresolved/pending issue that might undermine your standing to undertake the job?
2. Are you currently the subject of a referral to, or investigation by, your professional body?

**If the answer to either of these questions is YES, tick here and give details in box below:**

**Section 7: Declaration**

## Statement to be signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

## I hereby certify that:

* all the information given by me on this form is correct to the best of my knowledge
* all questions relating to me have been accurately and fully answered
* there are no medical reasons which would prevent me from undertaking the duties of this post
* I possess all the qualifications which I claim to hold
* I understand that any omissions or misrepresentations of information on this application form may, in the event of my obtaining employment, result in disciplinary action, up to and including dismissal.

## Signed: Date: