

# Application Form

APPLICATIONS ARE WELCOME IRRESPECTIVE OF GENDER, MARTIAL STATUS, RELIGION



POST APPLIED FOR \_\_\_\_\_ APPLICANT REF NO \_\_\_\_\_

Please read the following carefully before completing this form

1. RETURN THIS COMPLETED FORM TO HAVEN BAY CARE CENTRE LTD, BALLYNACUBBY, KINSALE, CO. CORK.
2. COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT
3. ONLY APPLICANTS SUPPLYING ALL THE INFORMATION WHICH HAS BEEN SOUGHT WILL BE CONSIDERED
4. CANVASSING WILL DISQUALIFY

FIRST or GIVEN NAME	DATE OF BIRTH
SURNAME	HOME TELEPHONE NUMBER
MADEN NAME (if applicable)	DAYTIME TELEPHONE NUMBER
HOME ADDRESS	ADDRESS FOR CORRESPONDENCE (if different)
Nationality (please tick) EC ( ) NON-EC ( )	Personal Public Service Number (PPS)
IF NON-EC PLEASE SPECIFY ARE THERE ANY RESTRICTIONS ON YOUR RIGHT TO WORK IN THIS COUNTRY YES ( ) NO ( ) If yes please provide details	PIN/REGISTRATION NUMBER AND EXPIRY DATE IF APPLICATION (NURSING PERSONNEL) PIN NUMBER ( ) EXPIRY DATE ( )
	DO YOU HOLD A CURRENT FULL DRIVING LICENCE YES ( ) NO ( )

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY RELEVANT TO YOUR APPLICATION YES ( ) NO ( )

IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR DISABILITY IN ORDER TO OFFER YOU A FAIR SELECTION INTERVIEW YES ( ) NO ( )

DO YOU HAVE ANY CURRENT OR PAST MEDICAL CONDITION THAT MAY AFFECT YOUR EMPLOYMENT YES ( ) NO ( )

I UNDERSTAND THAT IT WILL BE A CONDITION OF MY EMPLOYMENT THAT I UNDERGO A MEDICAL EXAMINATION AND GARDA REFERENCE CHECK YES ( ) NO ( )

Date \_\_\_\_\_ Signature \_\_\_\_\_





**PLEASE DESCRIBE ANY OTHER ACTIVITIES WHICH MAY BE OF INTEREST IN RELATION TO THIS APPLICATION (e.g. publications, Courses Attended, Interests etc) Also skills experience or competence gained through voluntary work**


**ADDITIONAL INFORMATION (CONTINUE ON BLANK PAGE IF NECESSARY)**


**Have you ever been convicted of a criminal offence?**  
**If yes please give date and details of each conviction.** YES ( ) NO ( )

**REFEREES** PLEASE NAME THREE REFEREES, AT LEAST ONE WHOM SHOULD HAVE KNOWLEDGE OF YOUR PRESENT WORK AND BE IN A SUPERVISORY / MANAGERIAL CAPACITY. (Relatives should not be named)

<b>1. Name</b>
<b>Occupation</b>
<b>Address</b>
<b>Tel No.</b>

<b>2. Name</b>
<b>Occupation</b>
<b>Address</b>
<b>Tel No.</b>

<b>Name</b>
<b>Occupation</b>
<b>Address</b>
<b>Tel No.</b>

**PLEASE CONFIRM THAT WE MAY APPROACH YOUR PRESENT / RECENT EMPLOYER FOR A CONFIDENTIAL ASSESSMENT OF YOUR SUITABILITY FOR EMPLOYMENT** YES ( ) NO ( )

Referees will only be contacted at short listing stage and after first interview

**I CONFIRM THAT THE INFORMATION IS CORRECT, I UNDERSTAND THAT ANY FALSE INFORMATION OR DELIBERATE OMISSIONS DISQUALIFY THE FORM, EMPLOYMENT OR AMY RENDER ME LIABLE TO DISMISSAL. CANVASSING, IN WHATEVER FORM, WILL AUTOMATICALLY DISQUALIFY MY APPLICATION.**

Date Signature