

Haven Bay Care Centre

Ballinacubby, Kinsale, Co Cork

Application Form



Applications Are Welcome Irrespective Of
Gender, Martial Status, Religion

Post Applied For _____

Please read the following carefully before completing this form

1. Return this completed form to Haven Bay Care Centre Ltd, Ballinacubby, Kinsale, Co. Cork.
2. Complete this form in full in black ink or typescript
3. Only applicants supplying all the information which has been sought will be considered
4. Canvassing will disqualify
5. Haven Bay Care Centre operates a no smoking policy for all staff. Smoking is not allowed on the grounds.

First or given name	Surname
Home telephone number	Daytime telephone number
Home address	Address for correspondence (if different)
PPS No: Nationality (please tick) EC () NON-EC ()	Email address
If non-ec please specify: Are there any restrictions on your right to work in this country Yes () No ()) If yes please provide details:	
Are there any restrictions on your availability to work? Yes () No () If yes, please provide details:	
Nursing applicants only: NMBI PIN number_____ expiry date_____	

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 _____

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)

1. Name
Occupation
Address
Tel No.
e-mail

2. Name
Occupation
Address
Tel No.
e-mail

3. Name
Occupation
Address
Tel No.
e-mail

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

Are there any restrictions on your availability to work? Yes No

If you have answered yes, please state what the restriction is: _____

I confirm that the information is correct, I understand that any false information or deliberate omissions disqualify the form, employment or may render me liable to dismissal. Canvassing, in whatever form, will automatically disqualify my application.

Date

Signature