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| **Job Application Form**  Please complete all sections of this form fully and legibly and return to the address below. **Please note that curriculum vitae will not be accepted and cover letters are not required.** Only information provided on this form will be used in the short-listing process. All information provided will be treated with the strictest confidence.  **Egis Lagan Services c/o Unit 4044, Kingswood Avenue, Citywest Business Campus, Dublin 24, D24T6YE** | | | | |
| **SECTION 1: PERSONAL DETAILS** | | | | |
| Surname | | | | First Name (s) |
| Address | | | | |
|  | | | | |
| Home Telephone No | | | | Mobile Telephone No |
| Work Telephone No | | | | Email Address |
| Position Applied For | | | | *Preferred Depot:* **Cahir [ ] Cork [ ] Kilkenny [ ] Portlaoise [ ]** |
| Vacancy Ref No | | | | *(A separate application is required for each position applied for but not location)* |
| **SECTION 2: WORK EXPERIENCE** | | | | |
| Please complete this section starting with your **most recent employment** and then work backwards through your career. Where applicable, please include previous positions with your current / most recent employer. | | | | |
| Employment From  —— / —— / —— | Employment To —— / —— / —— | Name & Address of Employer | | |
| Position Held | | | Salary Upon Leaving | |
| Hours Worked per Week | | | Reason for Leaving | |
| Main Responsibilities/Duties | | | | |
| Employment From  —— / —— / —— | Employment To —— / —— / —— | Name & Address of Employer | | |
| Position Held | | | Salary Upon Leaving | |
| Hours Worked per Week | | | Reason for Leaving | |
| Main Responsibilities/Duties | | | | |

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|  | **Section 2: PREVIOUS WORK EXPERIENCE — Continued** | | |
| Employment From    —— / —— / —— | Employment To    —— / —— / —— | Name & Address of Employer | |
| Position Held |  | | Salary Upon Leaving |
| Hours Worked per Week |  | | Reason for Leaving |
| Main Responsibilities/Duties |  | | |
| Employment From    —— / —— / —— | Employment To    —— / —— / —— | Name & Address of Employer | |
| Position Held |  | | Salary Upon Leaving |
| Hours Worked per Week |  | | Reason for Leaving |
| Main Responsibilities/Duties |  | | |
| Employment From    —— / —— / —— | Employment To    —— / —— / —— | Name & Address of Employer | |
| Position Held |  | | Salary Upon Leaving |
| Hours Worked per Week |  | | Reason for Leaving |
| Main Responsibilities/Duties |  | | |
| Employment From    —— / —— / —— | Employment To    —— / —— / —— | Name & Address of Employer | |
| Position Held |  | | Salary Upon Leaving |
| Hours Worked per Week |  | | Reason for Leaving |
| Main Responsibilities/Duties | | | |

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| **SECTION 3: EDUCATION (to be completed**  **from present to past)** | | | | | | | | |
| **Date From** | **Date To** | **School/College/Institute Attended** | | **Course Pursued** | | | **Qualification & Grade Obtained** | |
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| **SECTION 4: QUALIFICATIONS / CERTIFICATION /TRAINING** | | | | | | | | |
| Please give details of any training completed and/or certification / qualifications achieved that you think supports your application. | | | | | | | | |
| **Date From** | **Date To** | **Title of Training Programme / Certification / Qualification** | | | | **Training Provider / Awarding Body** | | |
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| **SECTION 5: HEALTH AND SAFETY TRAINING COURSES ACHIEVED** | | | | | | | | |
| **Please give details of any valid Health & Safety Training you may have at this time. It is important to write in Expiry dates** | | | | | | | | |
| **Course Name** | | | **Type of course completed (if any)** | | **Name of Provider** | | | **Expiry date** |
| **Traffic Management** | | |  | |  | | |  |
| **Winter Maintenance** | | |  | |  | | |  |
| **Landscaping** | | |  | |  | | |  |
| **Manual Handling** | | |  | |  | | |  |
| **1st Aid / Occupational 1st Aid** | | |  | |  | | |  |
| **CSCS** | | | **(1)** | |  | | |  |
|  | | | **(2)** | |  | | |  |
|  | | | **(3)** | |  | | |  |
|  | | | **(4)** | |  | | |  |
|  | | | **(5)** | |  | | |  |
|  | | | **(6)** | |  | | |  |
| **Other Job Specific H&S Training** | | | | | | | | |
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| **SECTION 6: ADDITIONAL INFORMATION** | |
| How would you rate your oral English ability: **Poor [ ] Basic [ ] Good [ ] Fluent [ ]**    How would you rate your written English ability: **Poor [ ] Basic [ ] Good [ ] Excellent [ ]**    Are there any restrictions on your right to work in this country? (Do you require a Work Permit?) **YES [ ] NO [ ]**    If YES, please give details:    Do you hold a full clean driving license? **YES [ ] NO [ ]**    Do you hold a full clean HGV driving license? **YES [ ] NO [ ]**    If YES, please indicate the Class(s) of license you hold: **A [ ] B [ ] C [ ] C1 [ ] EC [ ] EC1 [ ] Other [ ]**    What are your salary expectations? €    Please confirm whether or not:  • You are available for out of hours on-call cover: **YES [ ] NO [ ]**   You are available for night work as required: **YES [ ] NO [ ]** | |
| **SECTION 7: REFERENCES** | |
| Please give the name, company, position and telephone no. of two previous employers whom we can contact for references. If you are unable to provide two employment references, please provide details of whom we can contact for a character reference. References from friends and relatives are not acceptable. Please note, referees will not be contacted without your approval. | |
| Name | Name |
| Company | Company |
| Position of Referee | Position of Referee |
| Telephone No | Telephone No |

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| **SECTION 8: PERSONAL STATEMENT** | |
| Please use this section to explain in detail why you are applying for this position. Explain in detail what skills /knowledge / experience / qualities you have that will make you suitable for the role. | |
| **SECTION 9: DECLARATION** | |
| **I certify that all the information which I have provided is accurate and true. I understand that any false information given may result in a job offer being withdrawn.** | |
| Signature | Date |
| Before you return this form please ensure that you have completed all sections fully. | |
| **For Office Use Only** | |
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