

**Job Application Form** Please complete all sections of this form fully and legibly and return to the address below. Only information provided on this form will be used in the short-listing process. All information provided will be treated with the strictest confidence.

> Please post completed form and cover letter to: Egis Lagan Services, Hoffman Park, Inchera, Little Island, Co.Cork T45 YH01 OR send via email to <u>yvonne.carey@egis.ie</u>

| 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  |   |           | ( <i>A separate application is required for <u>each position applied</u> for but not location)</i> |  |  |
|   | SECTIO  | ON 2: \   | NORK EXPERIENCE  |  |  |
| Please complete this section applicable, please include p | n starting with your <b>most r</b><br>revious positions with your | current / | mployment and then work backwards through your career. Where / most recent employer.               |  |  |
| Employment From   | Employment To   | Name & A  | Address of Employer  |  |  |
| Position Held   | /   |           | Salary Upon Leaving  |  |  |
| Hours Worked per Week                                     |   |           | Reason for Leaving   |  |  |
|   |   |           |  |  |  |
| Employment From   | Employment To   | Name & A  | Address of Employer  |  |  |
| / /   | //  |           |  |  |  |
| Position Held   |   |           | Salary Upon Leaving  |  |  |
| Hours Worked per Week                                     |   |           | Reason for Leaving   |  |  |
| Main Responsibilities/Duties                              |   |           |  |  |  |

| 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                    |               |        |                     |  |  |
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| Employment From                                 | Employment To | Name & | Address of Employer |  |  |
| /   | / /           |        |                     |  |  |
| Position Held                                   | <u></u>       |        | Salary Upon Leaving |  |  |
| Hours Worked per Week                           |               |        | Reason for Leaving  |  |  |
| Main Responsibilities/Duties                    |               |        | -                   |  |  |
|   |               |        |                     |  |  |
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|   |               |        |                     |  |  |
| 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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|   |               |        |                     |  |  |
| 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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|   |                               |  |   |                                 |  |
|   | SE                            | CTION 4: QUALIFICATION                         | S / CERTIFICATION /TRAIN                        | ING                             |  |
| Please give dots  | alls of any training          | completed and/or certification / qualification | s achieved that you think supports your applica | tion                            |  |
| Date From   | Date To                       | Title of Training Programme / C                |   | aining Provider / Awarding Body |  |
|   |                               |  |   |                                 |  |
|   |                               |  |   |                                 |  |
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|   | SE                            | CTION 5: HEALTH AND SA                         | FETY TRAINING COURSES A                         | CHIEVED                         |  |
| Please give d   | letails of any val            | lid Health & Safety Training you may hav       | e at this time. It is important to write in E   | xpiry dates                     |  |
| Course Name   | 2                             | Type of course completed (if ar                | y) Name of Provider                             | Expiry date                     |  |
| Traffic Mana  | gement                        |  |   |                                 |  |
| Winter Maint  |                               |  |   |                                 |  |
| Landscaping   |                               |  |   |                                 |  |
| Manual Hand   |                               |  |   |                                 |  |
|   | upational 1 <sup>st</sup> Aid |  |   |                                 |  |
| CSCS  | -                             | (1)  |   |                                 |  |
|   |                               | (2)  |   |                                 |  |
|   |                               | (3)  |   |                                 |  |
|   |                               | (4)  |   |                                 |  |
|   |                               | (5)  |   |                                 |  |
|   |                               | (6)  |   |                                 |  |
| Other Job S   | pecific H&S Trai              | ining  |   |                                 |  |
|   |                               |  |   |                                 |  |
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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 <u>not</u> be contacted without your approval.

| Name                | Name                |
|---------------------|---------------------|
| Company             | Company             |
| Position of Referee | Position of Referee |
| Telephone No        | Telephone No        |

### **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