

## **Job Application Form**

Please complete all sections of this form fully and legibly and return to the address below. **Please note that <u>curriculum vitae will not be accepted and cover letters are not required.</u> 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: Macroom [ ] Cork [ ]
Vacancy Ref No			(A separate application is required for <u>each position applied</u> for but
			not location)
			NORK EXPERIENCE
Please complete this section sta applicable, please include previo	rting with your <b>most r</b> ous positions with your	current /	<b>mployment</b> 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 Main Responsibilities/Duties			Reason for Leaving

Section 2: PREVIOUS WORK EXPERIENCE — Continued			
Employment From	Employment To	Name & A	Address of Employer
/	//		
Position Held			Salary Upon Leaving
Hours Worked per Week			Reason for Leaving
Main Responsibilities/Duties			
Employment From	Employment To	Name & A	Address of Employer
//	//		
Position Held	•		Salary Upon Leaving
Hours Worked per Week			Reason for Leaving
Main Responsibilities/Duties			
Employment From	Employment To	Namo & A	Address of Employer
		Name & P	
/	//	<u> </u>	Colore Uner Leavier
Position Held Hours Worked per Week			Salary Upon Leaving Reason for Leaving
Main Responsibilities/Duties			
	Γ		
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 3: EDUCATION (to be completed from present to past)					
Date From	Date To	School/College/Institute Attended	d Course Pursued	Q	ualification & Grade Obtained
	SE	CTION 4: QUALIFICATIO	NS / CERTIFICATION /T	RATNIN	G
	36			NATINTIN	9
-	, ,	completed and/or certification / qualification	, , , , ,		
Date From	Date To	Title of Training Programme	/ Certification / Qualification	Training	g Provider / Awarding Body
	SE	CTION 5: HEALTH AND S	AFETY TRAINING COURS	ES ACHI	EVED
Please give o	letails of any va	lid Health & Safety Training you may h		ite in Expiry	
Course Name	2	Type of course completed (if	any) Name of Provider		Expiry date
Traffic Mana	gement				
Winter Maint	enance				
Landscaping					
Manual Hand	lling				
	upational 1 <sup>st</sup> Aid				
CSCS		(1)			
		(2)			
		(3)			
		(5)			
		(6)			
Other Job S	pecific H&S Trai		I		1

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?) <b>YES</b> [] <b>NO</b> []	
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.		
DATA PRO	TECTION NOTICE	
The personal information (data) collected on this form (which may include the collection of sensitive personal data) is collected for the purpose of recruitment, personal administration (for new employees) and monitoring. Unless you direct otherwise (for example if you would like the application kept on file for future vacancies) the application forms of unsuccessful applicants will be destroyed after 12 months. It is the policy of Egis Lagan Services to protect, and keep secure, all personal data collected. All personal data is processed for the purpose of recruitment, and, in the case of successful applications, for the satisfactory administration of their employment, and for no other purpose.		
For Office Use Only		