

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 email completed form and cover letter to:

<u>yvonne.carey@egis.ie</u>					
	SECTI	ON 1: F	PERSONAL DETAILS		
Surname			First Name (s)		
Address			•		
Home Telephone No			Mobile Telephone No		
Work Telephone No			Email Address		
Position Applied For			Preferred Depot: Cork - Little Island		
Vacancy Ref No			(A separate application is required for <u>each position applied</u> for but not location)		
	SECTI	ON 2: \	WORK EXPERIENCE		
Please complete this section	on starting with your most	recent e	mployment and then work backwards through your career. Where		
applicable, please include p					
Employment From	Employment To	Name &	Address of Employer		
//	/				
Position Held Hours Worked per Week			Salary Upon Leaving Reason for Leaving		
Main Responsibilities/Duties					
Employment From	Employment To	I Name &	Address of Employer		
Employment From —— /—— /——	Employment To /	Name &	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				
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				

SECTION 3: EDUCATION (to be completed from present to past)								
Date From	Date To	School	/College/Institute Attended		Course Pursued		Qualific	cation & Grade Obtained
							-	
	SE	CTION	4: QUALIFICATIONS	S / CER	TIFICATION /1	RAIN:	ING	
Please give deta Date From	Date To	1	and/or certification / qualifications tle of Training Programme / C					vider / Awarding Body
Date From	Date 10	- "	tie of Training Programme / C	ertification	/ Qualification	IIdi	illing Prov	nder / Awarding Body
	S E	CTION	5: HEALTH AND SAF	ETV TD	ATNING COUR	SEC AC	LITEVE	D
Please give o			& Safety Training you may have					
Course Name			ype of course completed (if an		Name of Provider	THE III EX	p y dates	Expiry date
Course Hum	_	-	ype of course completed (if all	* /	Name of Frovider			Expiry date
Traffic Mana	gement							
Winter Maint								
Landscaping								
Manual Hand								
	upational 1 st Aid							
CSCS		(1)						
		(2)						
		(3)						
			(4)					
(5)								
		(6)						
Other Job S	pecific H&S Trai	ining			<u> </u>			

SECTION 6: ADDITION	ONAL INFORMATION	
How would you rate your oral English ability: Poor [] Basic [] Good [] F	luent []	
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 unable to provide two employment references, please provide detail from friends and relatives are not acceptable. Please note, referees		
Name	Name	
Company	Company	
Position of Referee	Position of Referee	
Telephone No	Telephone No	
SECTION 8: PERS	ONAL STATEMENT	
have that will make you suitable for the role. SECTION 9.	DECLARATION	
I certify that all the information which I have provided is accepted may result in a job offer being withdrawn.	curate and true. I understand that any false information	
Signature [Date	
Before you return this form please ensure	that you have completed all sections fully.	
For Office	Use Only	