

CoAction West Cork Limited
CONFIDENTIAL EMPLOYMENT APPLICATION FORM
Slip, Bantry, Co Cork

Your assistance in our selection process will be appreciated. Please read the following carefully.

1. Answer all applicable questions to the best of your knowledge and belief. Falsification or omission of information will result in refusal to employ or termination of employment.
2. In order to protect children and vulnerable adults, the Department of Health has issued guidelines in relation to the recruitment of health service personnel. These guidelines advise that persons under consideration for health service posts must undergo Garda Clearance. Please provide the relevant details on the attached form.
3. You may be required to undergo a Medical Examination and references will be sought.
4. The information contained in this application will be used for the purpose of processing your application and, if you are successful, will form the basis of your Personnel Record (Data Protection Act, 1998).
5. Print legibly in black ink. Typewritten applications are also acceptable. Use additional pages as necessary.
6. You are welcome to include additional information in support of your application and which you wish to bring to the attention of CoAction West Cork.
7. Please sign the Declaration of Page 5.
8. Canvassing by and/or on behalf of any application will result in the application **not** being considered further.
9. Return this application form with any other relevant documentation to the HR Manager at the above address.
10. Please note all correspondence will take place via email.

Position applied for: _____

SECTION 1 – PERSONAL DETAILS

Surname: _____ First names: _____

Address: _____

Tel (private): _____ Tel (business): _____

Tel (mobile): _____ Email: _____

(All correspondence will be via email)

Next of Kin: (to be contacted in case of emergency)

Name: _____ Address: _____ Tel: _____

Have you previously applied for a position with CoAction? _____

If yes, what was the position? _____

SECTION 2 – EDUCATION / TRAINING

SECOND LEVEL EDUCATION

Name of School/College _____

_____ From (year) _____ To (year) _____

_____ From (year) _____ To (year) _____

Give the dates, subjects and results of your the public examination you sat during this period

Examination	Year	Subjects	Grade	Level (Higher/Lower/Ordinary)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIRD LEVEL EDUCATION

College / Institute or Other	From To (month & year) Full time / Part time	Qualifications/ Title of Award	Standard achieved	Subject studied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL/NURSING REGISTRATION DETAILS (if applicable)

Details of Discipline	Date of Registration	Name of Body	Reg No	PIN Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP OF PROFESSIONAL BODIES (state category of membership, date(s) of election if relevant)

SECTION 3 – OCCUPATIONAL EXPERIENCE

Present Employment: _____

Or most recent if none at present: _____

Location of employment: _____

Title of Post: _____

Date appointed: _____ Date terminated: _____

Salary: _____ Period of notice required: _____

Contributory Pension Scheme: Yes No Name of Scheme: _____

1. Please describe your present (or most recent) employment, indicating to whom you are responsible and who is responsible to you

2. What do you consider to have been your major contribution in this employment and why?

3. What are your main responsibilities and activities?

4. Why do you wish to change?

SECTION 3 – OCCUPATIONAL EXPERIENCE (Continued)

Start with the employment immediately preceding that described on previous page (whether in the same organisation or another)

1. From _____ To _____ Year & Month	Employer's Name & Address	Nature of Business
_____	_____	_____
Position held	Main responsibilities & activities	Reasons for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. From _____ To _____ Year & Month	Employer's Name & Address	Nature of Business
_____	_____	_____
Position held	Main responsibilities & activities	Reasons for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. From _____ To _____ Year & Month	Employer's Name & Address	Nature of Business
_____	_____	_____
Position held	Main responsibilities & activities	Reasons for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4 – OTHER INFORMATION

What are your long-term career plans:

Social activities / Special interests / Hobbies

Are you a car owner? Yes No Do you hold a full Driver's Licence? Yes No

Class of licence held _____ Expiry Date _____

Do you have any relatives employed by CoAction West Cork? Yes No

If "yes", please give details _____

References (please include your current employer – do not include relatives)

Email addresses essential

1.Name: _____	1.Name: _____	1.Name: _____
Job Title: _____	Job Title: _____	Job Title: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
Telephone: _____	Telephone: _____	Telephone: _____
Email essential _____	Email: _____	Email: _____

Referred to us by: Agency Advert Other (give details) _____

SECTION 5 – DECLARATION

I hereby declare that all the particulars given on this form are true and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification

Signature of Applicant: _____ **Date:** _____

SECTION 6 – FOR OFFICE USE ONLY

Interviewed by	Date	Suitability	Responded to	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To: The Chief Executive
 CoAction West Cork
 Slip
 Bantry
 Co Cork

I, the undersigned, hereby declare that:

1. I have never been convicted of a criminal offence, in Ireland or in another country.

2. I have been convicted of a criminal offence, In Ireland or in another country. If so please give details.

3. There are no criminal proceedings pending against me in Ireland or in another country.

4. There are criminal proceeding pending against me in Ireland or in another country. Please give details.

(Delete as appropriate)

This information is necessary in order to assess whether certain criminal convictions or offences may affect your suitability to perform the job. Failure to furnish this information will mean that your application will not be processed any further.

If it subsequently comes to our attention that you gave false information in reply to the above, your employment will be immediately terminated.

SIGNATURE OF APPLICANT: _____ **DATE:** _____