EMPLOYMENT APPLICATION FORM

For Office Use Only: Interview Date:_____

Interview Time:_____

Conducted By:_____

Location:_____

Position Sought:	STAFF NURSE

PERSONAL INFORMATION:

First Name:		Surname:			
Address:					
Mobile Number:		Home Number:			
Email Address:					
D.O.B.:		Male:		Female:	
PPS Number		Available to start date?			
Do you require a VISA to work in Ireland?	Yes		No		
Professional ID Number, if applicable:		Expiry Date:			
Position Sought:					
Are you currently employed?	Yes		No		
Required Salary:	€	per hour/ annual salary			
Do you have a full & current driving license?	Yes		No		
Have you ever been convicted of a criminal offence?	Yes		No		
If yes, please comment:					
Have you been Garda vetted within the last 2 years?	Yes		Are you willing to undergo this process?	Yes	
	No			No	

HEALTH

Are you in good health?	Yes		Are you prepared to go through a full medical if necessary?	Yes	
	No			No	
Are you a registered disabled person?	Yes		Do you have any allergies?	Yes	
	No			No	

If yes, please provide certification number:	If yes, please provide details:

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DECLARATION OF HEALTH					
Declaration of Health: Have you had or do you suffer from any of the following. Please tick the appropriate box. If the answer is Yes please provide further details in comment area.					
	(Please tick)				**Comment**
Epilepsy	Yes		No		
Rheumatic Fever	Yes		No		
Disabling Headache	Yes		No		
Fainting Attacks	Yes		No		
Diabetes	Yes		No		
Kidney Infections	Yes		No		
Asthma	Yes		No		
Postural Deformity	Yes		No		
Flat feet, Back trouble	Yes		No		
Drug Addiction	Yes		No		
Mental Illness	Yes		No		
Hearing Defects	Yes		No		
Sight Defects	Yes		No		
Have you been immunised or vaccinated in the last 5 years?	Yes		No		
What other previous illness or injury have you had? (if any operation, please give details)	Yes		No		
Date of last Chest X-Ray:					
Name and Address of Family Doctor:					

I declare that to the best of my knowledge and belief the answers I have provided in this Declaration of Health are accurate.			
Signature:		**Date:**	

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EDUCATION				
School		**Name and Location**	**Award (Detail)**	**Major/ Subjects of Study**
Leaving Cert:				
Junior Cert:				
Degree:				
Diploma:				
Certificate:				
Other:				
Specialised Training:				
Diploma:				
Trade School:				
Continuous Professional Development:				
Professional Affiliations:				
Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.				

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WORK EXPERIENCE			
Most Recent Position			
Company Name:			
From (Date):		**To (Date):**	
Location:			
Role and Title:			
Reason for Leaving:			
Main Responsibilities:			

EARLIER WORK EXPERIENCE			
Company Name:			
From (Date):			
To (Date):			
Location:			
Role and Title:			
Reason for Leaving:			
Main Responsibilities:			

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REFERENCES

Please provide the name, postal address, telephone numbers, employment position and e-mail addresses of three appropriate work referees, one of which must be your current or your most recent employer and indicate whether we are authorised to contact the referee, or not. (Relatives are not acceptable as referees)

	1	2	3
Referee Name:			
Referee Address:			
Employment Position of Referee:			
Contact Telephone Number:			
Email address: (please write carefully)			
May we contact the referee?			

FOR OFFICE USE ONLY

Please select	Email		Post		Email		Post		Email		Post	
Date Reference & Questionnaire sent:												
Date Reference Received:												
Date Reference Verified Verbally:												

I confirm that the information contained within this application form, and the DETAILS PROVIDED in support of my application on my CURRICULUM VITAE, are both accurate and I understand that any false information or deliberate omissions may disqualify me from employment or render me liable to dismissal.

Signature:		**Date:**	

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