



Staff Application Form

Effective Date: 1<sup>st</sup> February 2015

Document Code: HR 001

Rev No.  
00

Page 1 of 3

Personal Details:

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Occupation:</b>	
<b>Email Address:</b>		<b>Site Location:</b>	
<b>Telephone:</b>		<b>Date of Availability:</b>	
<b>Safe-Pass Number:</b>		<b>PPS Number:</b>	
<b>CSCS Number:</b>		<b>CSCS Categories:</b>	
<b>Additional Safety Training:</b>		<b>Occupational First Aid:</b>	
<b>Are you prepared to travel?</b>			
<b>Do you hold a full driving license?</b>			
<b>If so, have you had any motor vehicle accidents or prosecutions in the past five years?</b>			
<b>Do you own your own car?</b>			
<b>Have you ever suffered a work related injury/illness, if yes, please specify?</b>			

Medical History:

Please indicate if any of these condition apply or have applied to you in the past.

<b>Medical Questionnaire:</b>	<b>Yes (please specify)</b>	<b>No</b>
Circulatory problems such as varicose veins, phlebitis, thrombosis		
Heart problems such as angina, high blood pressure, heart attack		
Chest problems such as asthma		
Diabetes		
Epilepsy or fainting attacks		
Skin disorders		
Recent operation or fracture		
Any current medication		
Back trouble, arthritis, rheumatism		
Injury to bones, joints, tendons, including wrist tendons		
Have you worked in industry with high noise levels?		
Have you or any member of your family a history of mental disorder?		
Any other significant health problems (eyes, hearing, skin)		



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Page 2 of 3

**Second-Level Education:**

Junior Certificate (Year):		Leaving Certificate (Year):	
School:		School:	
Subject:	Grade:	Subject:	Grade:

**Third-Level Education:**

Name of College/University:	Degree/Course Undertaken:	Start Date:	End Date:	Results:

**Additional Courses/Training/Qualifications:**

Name of Course:	Course Provider:	Qualification:	Dates:

**Additional Skills:**

*E.g. first aid qualifications, languages, computer literacy, etc. (please note all skills are relevant).*




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Page 3 of 3

**Previous Employment/Experience:**

*Start with your present or most recent appointment and in descending order, please complete the table below. If possible, give name of persons to contact for reference. Please note that all work experience is relevant. Give details of all vacation jobs or experience gained in family business/ family farm etc. Continue on separate sheet if necessary.*

Dates:	Employers Name & Address:	Nature of Business:	Position Held:

**Referees:**

1.	2.
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I declare that all the information given in this application form is, to the best of my knowledge and belief, correct. Any information, which is subsequently found to be incorrect, will render the application void and may lead to termination of employment.

Signature:		Date of Application:	
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