



Application Form

Please use a black pen for all parts of this form. Please also write in block capitals

Position Applied For: Job Ref:

Personal Details

Title: First Name: Surname:

Home Address:

Telephone Number: Home: Mobile:

Email Address:

Do you have a Driving Licence? No: Yes: Full Provisional/Permit:

How did you hear about this position?

Do you require a work permit? Yes: No:

What is your PPS (Public Service Number)

Education and Training

Name of School/College	Dates From – To	Examinations Taken:	Results:
Secondary			
Third Level			
Commercial School/ Training Courses Attended			

Work Experience

Please start with your present/most recent employer and work backwards

Dates From – To	Names, Address & Telephone Numbers of Employers	Position Held	Rates of Pay	Reason for Leaving

Referees

Please list below the names and addresses of two people who can give employment references. One must be your current/most recent employer.
Please note: referees will not be contacted without your prior approval

Referee One

Name:

Position:

Company:

Address

Telephone Number:

Referee Two

Health

Do you have a record of serious or recurring illness?

Yes No

If yes, please give details:

Have you consulted a doctor, attended a hospital or ever received any treatment for back problems?

Yes No

If yes, please give details:

Have you ever suffered an occupational injury?

Yes No

If yes, please give details:

I consent to a medical examination on behalf of the County Wexford Community Workshop (Enniscorthy) Ltd. and Kilcannon Industries Ltd. I agree to the furnishing of a report to said Organisations on a confidential basis which will contain details of my medical history. I further consent for the Company Doctor to obtain information from my family doctor and from any specialist I may have attended.

Signature of Applicant Date

Garda Clearance

Please note that this Organisation will seek a check on Garda Siochana records before any offer of employment is made. You will be given a form to complete at interview.

Have you ever been convicted of a criminal offence? Yes No

If yes, please give details:

Other Information

Do you have any other information that may be relevant to your application?

Declaration

I certify that the foregoing is a full list of all former employers. I agree that the County Wexford Community Workshop (Enniscorthy) Ltd. and Kilcannon Industries Ltd., their servants and agents are at liberty to contact all or any such former employers for references. I accept that communications between the County Wexford Community Workshop (Enniscorthy) Ltd. and Kilcannon Industries Ltd. and my former employers and replies from such employers are privileged and will not be disclosed to me under any circumstances. I declare that the above information is complete and correct. I understand that deliberate omissions or false information may lead to termination of any employment undertaken.

Signature of Applicant

Date

County Wexford Community Workshop (Enniscorthy) Ltd. and Kilcannon Industries Ltd. are equal opportunities employers

For Office Use Only

Date Received

Date Of Interview

DOC

Scale

Point

ROP

www.cwcwe.ie



Training &
Developing Ability