

# Application for Employment

APPLICATION FOR THE POSITION OF:

Please mark X on the Service you wish to apply for, applying for more than one service if you wish.

Moorehall Lodge Ardee	<input type="checkbox"/>	Moorehall Lodge Drogheda	<input type="checkbox"/>
Moorehall ID Service	<input type="checkbox"/>	Moorehall Homecare	<input type="checkbox"/>

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail address \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Date available From \_\_\_\_\_

Type of employment desired

<input type="checkbox"/> Full-Time	Please give more details
<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Casual	

\_\_\_\_\_

If currently employed, may we contact your employer?  Yes  No

Is there a specific reason you are applying for employment with us?  Yes  No

*If Yes, please briefly outline the reason:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions on your right to work in this country?  Yes  No

*If Yes, please give details:*

\_\_\_\_\_  
\_\_\_\_\_

Are you available to work flexibly if required?  Yes  No

Have you applied for a position with Moorehall Living before?  Yes  No

Have you been employed by Moorehall Living before?  Yes  No

*If yes, when? \_\_\_\_\_ and at what location? \_\_\_\_\_*

Do you have any friends or family employed in our services?  Yes  No

Have you been convicted of a criminal offence?  Yes  No

*(f yes, please provide)*

*details* \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

Application Form – HR1.

If considered for employment, do you agree to Garda vetting?

Yes  No

Do you hold a current Full drivers licence?

Yes  No

**EDUCATIONAL BACKGROUND**

List schools attended, beginning with the most recent.

SCHOOL	DATES	Examinations passed & subjects taken.

Further Education (include College, professional, training)

COLLEGE, UNIVERSITY OR CENTRE	DATES	Examinations passed & training taken.

Nurses Only:

PIN:

Date PIN Expires:

Do you have the following:

CPR

No  Yes

Date Certified \_\_\_\_\_

First Aid

No  Yes

Date Certified \_\_\_\_\_

FETAC 5

No  Yes

Date Certified \_\_\_\_\_

Manual Handling

No  Yes

Date Certified \_\_\_\_\_

Please provide any other relevant information about yourself, your experience and why you feel you would be suitable for this job (continue on a separate sheet if necessary)

**EMPLOYMENT BACKGROUND**

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARISE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
REASON FOR LEAVING				
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARISE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
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EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARISE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
REASON FOR LEAVING				

*Please continue on separate page (please attach) if required*

**Please explain any gaps in your employment history.**

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**REFERENCES**

Please give the name, relationship, number of years acquainted, address & phone number of **THREE** references. **ONE** must be from your most recent employer. No approach will be made to your present employer without your prior permission.

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER	Address

*I confirm that the above information is correct to the best of my knowledge. I understand that any omissions or misrepresentation of information on this application form may in the event of my obtaining employment result in disciplinary action up to and including dismissal. .*

*I understand that if I am hired, I will be required to undergo Garda Vetting background check at my cost, proof of identity and legal authority to work in Ireland, proof of certifications or educational qualifications, and a full drivers licence. .*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to: HR, Moorehall Living, Hale Street, Ardee, Co Louth.**

**Important note:** Due to the high volume of applications we receive, we are not in a position to acknowledge receipt of every application.

Submitted Application Forms will be held for a period of 6 months. Only those applicants shortlisted for interview will be contacted.

For office use only:

Date application received: \_\_\_\_\_

Date applicant contacted: \_\_\_\_\_

Notes: \_\_\_\_\_