

ST. JOSEPH'S FOUNDATION

Baker's Road,
Charleville,
Co. Cork,
Ireland.



Telephone: (063) 89252
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Email:

kocallaghan@stjosephsfoundation.ie

Application Form

Please complete in **BLOCK** letters

*Passport size
photograph of
applicant to be
affixed here*

Position applied for:

Closing date:

PERSONAL DETAILS

Surname: First Name(s):

Address for correspondence:

.....

Permanent Address (if different):

Telephone Nos: Home Work: Mobile:

E-mail Address:

Do you wish to be contacted by e-mail? Yes No

SUPPLEMENTARY INFORMATION

Have you previously applied to the Foundation? If so, please indicate post, location, date and outcome:

.....

.....

.....

Were you previously employed by this Foundation in a permanent, temporary or contract capacity?

If so, give details:

.....

.....

If offered the post, how soon would you be able to commence employment?

Do you own a car? Yes No Do you hold a current full driving licence Yes No

Categories of Licence:

Where did you see this position advertised?

EDUCATION AND TRAINING RECORD

Please list schools, colleges, universities etc., attended:

Schools Attended	From	To	Course Pursued	Qualifications Obtained

Please give details of relevant training or courses attended:

College/Institute Attended	From	To	Course Pursued	Qualifications Obtained

Additional qualification(s), membership of professional associations, etc.:

EVIDENCE OF QUALIFICATIONS AND CERTIFICATES OF ATTENDANCE REQUIRED AT FIRST INTERVIEW

Please enter here details of any period of time not already covered under education or work experience:

LEISURE, INTERESTS AND ACHIEVEMENTS:

Please list your leisure time interests/hobbies and achievements:
.....
Membership of clubs, institutions or societies (indicate any office held):
.....

ADDITIONAL INFORMATION:

If necessary you may use additional sheet(s) with your name at the top

This may be used to give additional information relevant to your application and to detail your reasons for applying:
.....
.....
.....
.....

REFERENCES:

Names and address of three referees (*preferably current and previous employer*) not related to you, whom we may contact for references:

Name: Name: Name:
Job Title: Job Title: Job Title:
Address: Address: Address:
.....
Tel. No: Tel. No: Tel. No:
E-mail: E-mail: E-mail:

NO APPROACH WILL BE MADE TO PRESENT EMPLOYER WITHOUT YOUR PRIOR PERMISSION

DECLARATION:

I the undersigned, hereby declare all the particulars given above are true, I am aware that wilful misrepresentation of any fact either in writing or at interview/examination concerning the filling of the above post will disqualify my application and render me liable for dismissal if employed. I am aware of the qualifications and particulars of this position and that canvassing will disqualify.

I further declare that to the best of my knowledge and belief, there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment.

SIGNATURE: DATE:

FOR OFFICE USE ONLY:

Necessary Qualifications Yes No Full Driving Licence Yes No
Required Experience Yes No Call for Interview Yes No



**ST. JOSEPH'S FOUNDATION
IS AN EQUAL OPPORTUNITIES EMPLOYER**