

Peter McVerry Trust Application Form

TITLE OF ROLE/REFERENCE NUMBER: PWDP 2019

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

NAME:

Contact Address:

Telephone Number:

E-mail address:

To be considered for interview, when correctly completed, this form **must not** contain any gaps in your educational/employment history from date of school completion to the present date.

PRESENT EMPLOYMENT

Name, Address and Telephone number of Employer	Title of Role	Main responsibilities:
	From:	
	To:	
	Current Salary:	

PREVIOUS EMPLOYMENT

Name, Address and Telephone number of Employer	Title of Role	Main responsibilities:
	From:	
	To:	

Name, Address and Telephone number of Employer	Title of Role:	Main responsibilities:
	From:	
	To:	
Name, Address and Telephone number of Employer	Title of Role	Main responsibilities:
	From:	
	To:	
Name, Address and Telephone number of Employer	Title of Role:	Main responsibilities:
	From:	
	To:	

To include information about any additional employment/work experience, please complete below or attach additional information to your application. Please explain any gaps that may exist in your career/educational history:

FURTHER CAREER/EDUCATION HISTORY/EXPLANATION OF GAPS

EDUCATION

Schools	From	To	Examinations and results
College / University	From	To	Courses and results
Further education and formal training	From	To	Courses and results
Professional membership and qualifications:			

INTERESTS AND ACHIEVEMENTS

Please provide details of any interests and/or achievements which you have:

REFERENCES

Names and addresses of three referees:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Please indicate if we may contact them prior to interview: YES/NO (please circle)

ADDITIONAL INFORMATION

Where did you see this vacancy advertised? (please circle/highlight)	Peter McVerry Trust Website
	Facebook
	Twitter
	LinkedIn
	ActiveLink
	Other (please specify): _____
Do you have a valid, clean driving license?	Yes / No (please circle)
If yes, what type of license:	Full / Provisional (please circle)
Do you require a visa to work in Ireland?	Yes / No (please circle)
If yes, please provide further information:	
Have you applied for a position with Peter McVerry Trust in the past? Yes / No (please circle) If Yes, position applied for and date of application:	

Are you available to work full-time _____ part-time _____ full/part-time _____ (Y/N)?

How many hours can you work weekly (approx.)? _____

Days/hours available to work (tick all that apply):

No Pref	_____	Thur	_____
Mon	_____	Fri	_____
Tue	_____	Sat	_____
Wed	_____	Sun	_____

How much notice do you have to give your employer? _____

DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated.

Name Signed Date

Please note that Garda Clearance will be sought for successful candidates.