

Peter McVerry Trust Application Form

TITLE OF ROLE/REFERENCE NUMBER:

PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

| | |
|------------------|-------------------|
| NAME: | SURNAME |
| 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:

TelNo:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

TelNo:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

TelNo:

E-mail:

Please indicate if we may contact them prior to interview: Yes No

ADDITIONAL INFORMATION

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