

Surname:

**Peter McVerry Trust Application Form**

Graduate Development Programme

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: | Name: Organisation: Relationship to you: Address:  TelNo:  E-mail: |
| E-mail: | |

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



How much notice do you have to give your employer?

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):

**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: | |

|  |  |  |  |
| --- | --- | --- | --- |
| No Pref |  | Thur |  |
| Mon |  | Fri |  |
| Tue |  | Sat |  |
| Wed |  | Sun |  |

**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.***