

## Peter McVerry Trust Application Form

TITLE OF ROLE/REFERENCE NUMBER:

### PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

NAME:

Contact Address:

Telephone Number:

Email 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

## 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 (please tick):    YES                      NO

## ADDITIONAL INFORMATION

Where did you see this vacancy advertised?  
(please tick box)

Peter McVerry Trust website

Facebook

Twitter

LinkedIn

ActiveLink

Other (please specify):

Do you have a valid, clean driving license?  
(please tick box)

Yes

No

If yes, what type of license:  
(please tick box)

Full

Provisional

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? (please tick box)

Yes

No

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                      Mon                      Tue                      Wed                      Thur                      Fri                      Sat                      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.**