

**CONFIDENTIAL
FOR MONITORING
ONLY**

Applicants are asked to complete this form

REFERENCES

Please give the names of two people from whom references can be obtained. One of these must be your present or most recent employer and the other a person who knows you in connection with your work.

1. Name _____ 2. Name _____
 Position _____ Position _____
 Address _____ Address _____
 Relationship _____ Relationship _____
 Tel: _____ Fax: _____ Tel: _____ Fax: _____

ADDITIONAL INFORMATION

Please use this space for any additional information in support of your application e.g achievements, leisure interests, research/projects undertaken, publications, awards etc. (continue on a separate sheet if necessary).

**MooreHaven Centre
O'Brien Street,
Tipperary**

Tel: 062 - 52437 Fax: 062-33566

E-mail: info@moorehaven.ie

Supporting adults with Intellectual Disabilities

**CONFIDENTIAL
APPLICATION
FORM**

Position Applied for: _____
 Based at: _____
 Please return to:
**General Manager,
 MooreHaven Centre, O'Brien Street, Tipperary.**
 Ref. No.: _____ To be included for shortlisting return by: _____

PERSONAL DETAILS (Please Print)

Surname: _____ Forenames: _____
 Previous Name: _____
 Address for further correspondence: _____
 Permanent Address (if different) _____
 Home Telephone No. _____
 Day/Work Telephone No. / Mobile No. _____

ADDITIONAL INFORMATION

Do you have a full clean driving licence? Yes No Y N or N in box
 State categories of vehicle for which licence is valid Do not leave blank
 Do you have use of a vehicle
 Do you need a work permit
 Are you related to an employee of MooreHaven Centre
 If yes, please give details _____

DECLARATION

I understand that the appointment, if offered, will be subject to information given on this form being correct. I also understand that the appointment will be subject to a satisfactory medical examination and confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of the post.

Signature: _____ Date: _____

How did you become aware of this vacancy? _____

N.B. Canvassing members of the MooreHaven Centre directly or indirectly, or providing false information with regard to this Application, shall disqualify the candidate from such appointment, or if discovered after appointment will lead to dismissal.

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Supporting Adults with Intellectual Disabilities

EDUCATION AND QUALIFICATIONS

• CANDIDATES SHOULD SUBMIT DOCUMENTARY EVIDENCE IN SUPPORT OF THE INFORMATION PROVIDED • COPY • CERTIFICATES

NAME OF SCHOOL / COLLEGE / UNIVERSITY	From	To	SUBJECTS	QUALIFICATION GAINED	GRADE	DATE

CURRENT STUDIES

NAME OF COLLEGE	SUBJECTS	LEVEL	EXPECTED DATE OF QUALIFICATION

PROFESSIONAL QUALIFICATIONS

NAME OF PROFESSIONAL BODY	MEMBERSHIP GRADE and/or REGISTRATION NO & PIN NO.	HOW GAINED e.g. Part/Full Time & Length of Study No. of Years	DATE

TRAINING

Give details of any specialised training received and/or courses attended

EMPLOYMENT RECORD

Name and Address of present (or most recent) Employer and nature of business	From Month/Year	To Month/Year	Post held, Post Title and Brief Statement of Duties and Skills Acquired	Salary and Reason for Leaving (if applicable)

Names of Previous Employers and Nature of Business (Starting with Most Recent)	From Month/Year	To Month/Year	Position Held	Reason for Leaving

EQUAL OPPORTUNITIES

MooreHaven Centre is committed to developing positive policies to promote equal opportunities in employment and prohibiting unfair discrimination on grounds of gender, marital status, age, disability or race.

To ensure that these policies are carried out, AND FOR NO OTHER REASON, you are asked to complete this section along with your application for employment.

This information will remain confidential until after an appointment has been made. Whilst we do seek your co-operation, it will in no way prejudice your application if you do not wish to complete this information

Post: _____

Job Ref No. _____

Sex: MALE / FEMALE

Age: _____ Date of Birth: _____

Marital Status

Married Single

Widowed Divorced

Separated

Country of Birth _____

Nationality _____

Dual Nationality (please specify which) _____

Disabled Y/N

Nature of Disability _____

Thank you for your assistance