



APPLICATION FOR EMPLOYMENT

Forename: _____ Surname: _____

Address: _____

Daytime Telephone No: _____ Evening Telephone No: _____

PPS No: _____

1. Please tell us a bit about yourself to show you are right for the position.

2. Detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post

3. Please note here you leisure interests, sports, hobbies, other pastimes etc.

4. Please provide details of your employment history / work experience.

From - To	Name & Address of Employer	Job Title & Duties	Salary	Reason for Leaving

For the following questions please circle the appropriate answer

5. Are you able to drive? **Yes / No** **Manual / Automatic**

6. Do you have a full, clean license **Yes / No**

If no, please list endorsements _____

7. Providing our high quality cleaning service requires hard work. Are you fit enough to cope?

HEALTH DETAILS – Are you disabled YES / NO. If YES, please give details and specify any special needs in relation to you disability.
Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.
Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving.
Please list all absences from work in the last 12 months and the reasons for such absences.

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***** PLEASE ANSWER ALL QUESTIONS ON ALL PAGES *****

8. Do you require permission to work within the Republic of Ireland **Yes / No**

9. Have you had any previous criminal convictions? **Yes / No**

If yes please provide details on a separate sheet

10. If you are currently in employment please state how much notice you are required to give?

Please supply the names and addresses of two references; one of these should be from a previous or recent employer.

(We will not contact them until we have interviewed you.)

Reference 1
Name:
Address:
Telephone No:
Relationship to you e.g. friend or employer:
How long have they known you?

Reference 2
Name:
Address:
Telephone No:
Relationship to you e.g. friend or employer:
How long have they known you?

11. Declaration

1. I confirm that the above information is complete and correct to the best of my knowledge and that any untrue or misleading information will give my employer the right to terminate my employment contract offered.
2. I Hereby give permission to Pristine.ie and or its agents to validate that all or some of the information supplied above is true and correct. Failure to supply correct details may lead to the termination of my employment without notice.
3. Should we require further information or wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor
4. I agree that the organisation reserves the right to require me to undergo a medical examination

Signature: _____ Date: _____

***** PLEASE ANSWER ALL QUESTIONS ON ALL PAGES *****

FOR OFFICE USE ONLY

POSITION APPLIED FOR:					
INTERVIEW BY:					
NOTICE REQUIRED:					
DETAILS OF FORTHCOMING HOLIDAYS					
DATE		DAY	TIME		
1ST INTERVIEW COMMENTS					
		SUCCESSFUL YES?		SUCCESSFUL NO?	
DATE		DAY	TIME		
2ND INTERVIEW COMMENTS					
		SUCCESSFUL YES?		SUCCESSFUL NO?	
DATE		DAY	TIME		
3RD INTERVIEW COMMENTS					
		SUCCESSFUL YES?		SUCCESSFUL NO?	
DATE		DAY	TIME		