



For office use only:	
Date Rec'd:	_____
Regret <input type="checkbox"/>	Progress <input type="checkbox"/>
Date for interview:	_____
Interview result:	_____
Regret <input type="checkbox"/>	Offer <input type="checkbox"/>
Refs taken up on:	1. <input type="checkbox"/> 2. <input type="checkbox"/>
Ref. received:	1. <input type="checkbox"/> 2. <input type="checkbox"/>
Start date:	_____

Application Form

(Strictly Confidential)

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

Name:		
Address:		
Nationality:		
Home Tel:	Work Tel:	Mobile Tel:
E mail address:		
Have you worked for this company in the past? If yes, please provide details.		
Do you have any relative working for the company? If yes, please provide details.		
Which position are you applying for?		
Are you eligible to work in Ireland without a work permit / visa?		
What date are you available to commence employment?		
Do you require full or part time work?		
If part time, how many hours per week are you available to work?		
How did you hear of this position?		
What are you looking for in a job?		
What are your hobbies and interests?		
Have you had any illness or accident which caused you to be off work for a week or more within the past five years?		
If 'yes' please give details.		
Are you currently on any medication?		
Are you willing to undergo a medical examination by the company, if so required?		
Have you ever been convicted of a criminal offence?		

Employment Record: Please show every position since leaving school or college or before this time if relevant to the position. For any periods of unemployment please indicate dates and address of social welfare office where registered.

From: _____	To: _____
Job title: _____	Salary: _____
Responsibilities: _____	

Name & Address of employer: _____	
Nature of business: _____	
Reason for leaving: _____	

From: _____	To: _____
Job title: _____	Salary: _____
Responsibilities: _____	

Name & Address of employer: _____	
Nature of business: _____	
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Name & Address of employer: _____	
Nature of business: _____	
Reason for leaving: _____	

From: _____	To: _____
Job title: _____	Salary: _____
Responsibilities: _____	

Name & Address of employer: _____	
Nature of business: _____	
Reason for leaving: _____	

References:

Do not send original references with this application form. References will not be taken up with your present employers without your permission. Where possible referees should be previous employers and cover the last five years employment.

Name & Position of referee:	_____
Company name & address:	_____

Telephone number:	_____

Name & Position of referee:	_____
Company name & address:	_____

Telephone number:	_____

Name & Position of referee:	_____
Company name & address:	_____

Telephone number:	_____

Name & Position of referee:	_____
Company name & address:	_____

Telephone number:	_____

I understand that completion of this form does not guarantee employment. I certify that all the information given on the form is true and accept that any mis-statement or suppression of material may mean the cancellation of any appointment, which is made subject to the receipt of satisfactory references. Termination of the agreement within the probationary period shall be at the discretion of the employer.	
Applicants signature: _____	Date: _____

For further information on our company, please log onto www.premgroup.com

Thank you for taking the time to complete this form