



HARMONY RESIDENTIAL CARE

APPLICATION FORM

Position Applied for: _____

Candidates should read the Job Specification relating to the Post applied for to ensure that all necessary information is provided to meet the short listing criteria for interview.

It is imperative that all sections of this application form are completed in full.

Applications may be submitted in handwriting (BLOCK CAPITALS).

Please do not submit a Curriculum Vitae with this application.

CANDIDATES DETAILS:

Candidate Name:	
Contact Address:	
E-mail Address:	
Daytime telephone No:	
Evening telephone No:	

DRIVING LICENCE:

Do you hold a current, full driving licence?	Yes	No
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EDUCATION:

School / College / University attended:	From (mm/yy)	To (mm / yy)	Grade obtained:	Full title of Degree(s) / Qualification(s) held.	Year in which qualification was obtained.

FURTHER TRAINING: (any relevant continual professional development etc.)

Awarding Body / organisation:	From (mm / yy)	To (mm / yy)	Course details and award obtained.

EMPLOYMENT RECORD:

Title of Post held, description of main duties / responsibilities:	From (mm / yy)	To (mm / yy)	Name / address / contact number of employer:

Title of Post held, description of main duties / responsibilities:	From (mm / yy)	To (mm / yy)	Name / address / contact number of employer:

Please indicate Salary and reason for leaving each post.

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Title of Post held, description of main duties / responsibilities:	From (mm / yy)	To (mm / yy)	Name / address / contact number of employer:

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Please indicate Salary and reason for leaving each post.

Title of Post held, description of main duties / responsibilities:	From (mm / yy)	To (mm / yy)	Name / address / contact number of employer:

Please indicate Salary and reason for leaving each post.

SUPPORTING STATEMENT:

Please provide a detailed supporting statement outlining how you meet the requirements of the job description.

Please include extra pages if necessary.

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REFEREES:

Please provide the names and contact details of three work related referees, one of whom must be a current or most recent employer. Please note that your current employer will not be contacted **without your permission**.

Name:	
Job Title:	
Address:	
Telephone no.:	

Name:	
Job Title:	
Address:	
Telephone no.:	

Name:	
Job Title:	
Address:	
Telephone no.:	

Do you consent to Harmony Residential Care carrying out a Gardaí vetting check?	Yes	No
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DECLARATION:

I declare that the information I have provided is true and correct to the best of my knowledge and know of no reason why I would be unsuitable to work with children. If it is subsequently discovered that I have furnished false information, I understand that I may be excluded from the rest of the selection process and any offer of employment may be withdrawn.

Signed: _____

Date: _____

Please print name: _____

Return completed applications to:

Closing date: