

CONFIDENTIAL

SPRING GROVE SERVICES

Spring Grove Services is an equal opportunities employer.

STAFF APPLICATION FORM

(Please complete in your own handwriting in ink.)

PERSONAL INFORMATION (In block letters)

Name:..... PRSI No.

Home Address:.....

..... Telephone No.

Do you hold an EC Passport?

Do you need a permit to work in Ireland/UK? Yes..... No.....

Names of relatives employed by the company?.....

Have you made and previous applications to the company? Yes..... No.....

If so, when?.....

EDUCATION

Name of School or College	Years		Examinations Taken	Results
	From	To		
Secondary				
Third Level				
Commercial School/ Training Courses Attended				

HOBBIES AND INTERESTS

PRESENT AND PREVIOUS EMPLOYMENT DETAILS

(listing present/most recent employment first. N.B. It is important that all previous employment is included)

Dates		Name, Address & Telephone Number of Previous Employers	Position Held	Rate of Pay	Reason for Leaving
From	To				

REFERENCES - One of which must be from a previous employer (if you have had no previous employment. Please give full details of two people who will give you a personal reference).

1.	2.
Name	Name
Address	Address
.....
.....
Telephone No.	Telephone No.
Occupation	Occupation
Relationship to you	Relationship to you

**APPLICANTS MUST BE OVER 16 YEARS OF AGE
YOU MAY BE ASKED TO BRING
EVIDENCE OF SAME TO INTERVIEW**

HEALTH

Do you have a record of serious or recurring illness, physical handicap or psychiatric illness? **YES/NO**

If yes, please detail

Have you consulted a doctor, attended hospital or ever received any treatment for back problems, or skin trouble of any kind? **YES/NO**

If yes, please detail

Are you allergic to any materials or substances? **YES/NO**

If yes, please detail

Have you ever suffered an occupational injury? **YES/NO**

If yes, please detail

I consent to an examination on behalf of Spring Grove Services. I agree to the furnishing of a report to Spring Grove Services on a confidential basis which will contain details of my medical history. I further consent to the Company Doctor to obtain information from my family doctor and from any specialist I may have attended.

Signature

Have you ever been convicted of a criminal offence? **YES/NO**

If yes, please give details

DECLARATION

“I certify that the foregoing is a full list of all former employers. I agree that Spring Grove Services and its servants and agents are at liberty to contact all or any such former employers for references about me. I accept that communications between Spring Grove Services and my former employers and replies from such employers are privileged and will not be disclosed to me under any circumstances. I declare that the above information is complete and correct. I understand that deliberate omissions or false information may lead to termination of any employment undertaken.”

SIGNED **DATE**.....

Are there any breaks in your employment record? No

If yes, please give details
.....

How did you hear about careers in Spring Grove Services – please tick

- | | | | |
|---------------------------------|--------------------------|-----------------------------|--------------------------|
| a. Contact from relative/friend | <input type="checkbox"/> | b. In Company Advertisement | <input type="checkbox"/> |
| c. School/College presentation | <input type="checkbox"/> | d. Irish Jobs.ie | <input type="checkbox"/> |
| e. Newspaper advertisement | <input type="checkbox"/> | f. Other – please specify | <input type="checkbox"/> |

Period of notice required to present employer

Are there any dates when you cannot attend for interview?.....

TO BE SIGNED ON ACCEPTANCE OF EMPLOYMENT

1. I agree that my employment may be terminated without notice at any time during the first twelve weeks of my six month probationary period, and thereafter termination of my employment will be in compliance with the statutory minimum notice periods as covered by the Minimum Notice and Terms of Employment Act.
2. I agree to conform to the Company’s rules and regulations which may be introduced from time to time.
3. I agree to abide by the policies of the Company