

**John Moore Road, Castlebar, Co. Mayo F23 H726**

**Tel: (094) 9025133 Web: www.westerncare.com**

**Human Resources Department**

EMAIL: hr@westerncare.com

**APPLICATION FOR EMPLOYMENT**

**PLEASE USE BLACK INK AND PRINT IN BLOCK CAPITALS OR TYPE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POSITION APPLIED FOR:** | Social Care Assistant – 15 or 14.6 Hrs PW | **LOCATION:** | Ballinrobe  Residential | **REF NO:** | 2021-15 |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME:** |  | **FIRST NAME (S):** |  |
| **MOBILE NO:** |  | **HOME NUMBER:** |  |
| **WORK PHONE NO:** |  | **EMAIL:** |  |
| **HOME ADDRESS:** |  | | |

**DO YOU OWN A CURRENT FULL DRIVING LICENSE? Yes  No**

**DO YOU HAVE ACCESS TO A CAR FOR WORK PURPOSES? Yes  No**

**ARE THERE ANY RESTRICTIONS ON YOUR RIGHT TO WORK IN IRELAND? IF YES PLEASE PROVIDE DETAILS:**

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|  |

**WHERE DID YOU SEE THIS POSITION ADVERTISED?**

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| --- |
|  |

**BRIEFLY DESCRIBE YOUR HOBBIES & INTERESTS:**

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|  |

**EDUCATION & QUALIFICATIONS**

**GENERAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | **TO** | **SCHOOL ATTENDED** | **EXAMINATIONS TAKEN-YEAR OF EXAMINATION AND RESULT OBTAINED** |
|  |  |  |  |

**THIRD LEVEL ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS (IF ANY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | **TO** | **INSTITUTE/COLLEGE ATTENDED** | **EXAMINATIONS TAKEN-YEAR OF EXAMINATION AND RESULT OBTAINED** |
|  |  |  |  |

**OTHER COURSES/SKILLS/TRAINING IN SUPPORT OF APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | **TO** | **INSTITUTE/COLLEGE ATTENDED** | **EXAMINATIONS TAKEN-YEAR OF EXAMINATION AND RESULT OBTAINED** |
|  |  |  |  |

**MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |
| --- | --- |
| **MEMBERSHIP NUMBER** | **PROFESSIONAL BODY** |
|  |  |
|  |  |

**PLEASE ENCLOSE PHOTOCOPIES OF YOUR QUALIFICATIONS (PLEASE DO NOT SEND ORIGINALS)**

**EDUCATION & QUALIFICATIONS *(CONTINUED)***

**PLEASE COMPLETE FOR ANY OF THE LISTED COURSES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **LENGTH OF COURSE** | | |
| **COURSE** | **DATE ATTENDED** | **1 DAY** | **2 DAY** | **OTHER (PLEASE SPECIFY)** |
| **MANUAL HANDLING** |  |  |  |  |
| **FIRST AID** |  |  |  |  |
| **FIRE SAFETY** |  |  |  |  |
| **MANAGING CHALLENGING BEHAVIOUR** |  |  |  |  |
| **PROTECTION & WELFARE** |  |  |  |  |
| **OTHER** |  |  |  |  |

**CAREER OVERVIEW:**

**IMPORTANT: Please ensure all career history is clearly outlined below (e.g. if you took a career break, spent time out of work, please include this information so there are no gaps in your career history from when you left full time education to present date.**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | **TO** | **JOB TITLE** | **EMPLOYER** |
|  |  |  |  |
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**EMPLOYMENT HISTORY / EXPERIENCE**

PLEASE START WITH YOUR PRESENT OR MOST RECENT EMPLOYER (PLEASE USE ADDITIONAL PAGES IF NECESSARY). *USE ONE SECTION PER EMPLOYMENT*

WHERE THERE ARE GAPS IN BETWEEN JOBS, PLEASE IDENTIFY THESE AND INCLUDE THEM AS PART OF YOUR WORK HISTORY/EXPERIENCE RECORD.

|  |  |  |
| --- | --- | --- |
| **DATES** | **FROM** | **TO** |
|  |  |
| **NAME OF EMPLOYER** |  | |
| **ADDRESS OF EMPLOYER** |  | |
| **POSITION HELD** |  | |
| **BRIEF LIST OF DUTIES** |  | |
| **CURRENT / ANNUAL SALARY** |  | |
| **REASON FOR LEAVING** |  | |

|  |  |
| --- | --- |
| **NOTICE REQUIRED IN CURRENT ROLE**  **(IF APPLICABLE)** |  |

|  |  |  |
| --- | --- | --- |
| **DATES** | **FROM** | **TO** |
|  |  |
| **NAME OF EMPLOYER** |  | |
| **ADDRESS OF EMPLOYER** |  | |
| **POSITION HELD** |  | |
| **BRIEF LIST OF DUTIES** |  | |
| **CURRENT / ANNUAL SALARY** |  | |
| **REASON FOR LEAVING** |  | |

**EMPLOYMENT HISTORY / EXPERIENCE *(CONTINUED)***

|  |  |  |
| --- | --- | --- |
| **DATES** | **FROM** | **TO** |
|  |  |
| **NAME OF EMPLOYER** |  | |
| **ADDRESS OF EMPLOYER** |  | |
| **POSITION HELD** |  | |
| **BRIEF LIST OF DUTIES** |  | |
| **CURRENT / ANNUAL SALARY** |  | |
| **REASON FOR LEAVING** |  | |

**REFERENCES**

PLEASE LIST BELOW THE DETAILS OF THREE REFERENCES, PREFERABLY EMPLOYERS, ONE OF WHOM MUST BE YOUR CURRENT / MOST RECENT EMPLOYER. REFEREES WILL NOT BE CONTACTED PRIOR TO INTERVIEWS UNLESS BY AGREEMENT WITH THE APPLICANT.

**REFEREE 1:**

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **CONTACT NAME** |  |
| **POSITION HELD** |  |
| **ADDRESS** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |

**REFEREE 2:**

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **CONTACT NAME** |  |
| **POSITION HELD** |  |
| **ADDRESS** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |

**REFEREE 3:**

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **CONTACT NAME** |  |
| **POSITION HELD** |  |
| **ADDRESS** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |

**GARDA CLEARANCE**

PLEASE NOTE THAT UNDER THE DEPARTMENT OF HEALTH AND CHILDREN GUIDELINES, WESTERN CARE ASSOCIATION IS OBLIGED TO SEEK ON GARDA SIOCHANA RECORDS BEFORE AN OFFER OF EMPLOYMENT IS MADE.

**OVERSEAS POLICE CLEARANCE**

If you have resided in any country for six months or more other than the Republic of Ireland or Northern Ireland you will be required to provide security clearance for each jurisdiction in which you have resided.

**DECLARATION**

I CONFIRM TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND THAT I HAVE NOT OMITTED ANY FACTS WHICH MAY HAVE A BEARING ON MY APPLICATION FOR EMPLOYMENT. I UNDERSTAND THAT FALSE STATEMENTS MAY LEAD TO DISQUALIFICATION, OR IF APPOINTED, TO TERMINATION OF EMPLOYMENT.

I HEREBY ACCEPT AND UNDERSTAND THAT WESTERN CARE ASSOCIATION WILL HOLD PERSONAL INFORMATION WHICH IS NECESSARY FOR RECRUITMENT AND EMPLOYMENT PURPOSES ONLY, AS PROVIDED FOR THE DATA PROTECTION ACTS 1988 AND 2003 AND FREEDOM OF INFORMATION ACT 1997. I AGREE THAT MY CONTACT DETAILS CAN BE USED FOR THESE PURPOSES. I HAVE READ AND UNDERSTOOD THIS DECLARATION.

***CANVASSING BY OR ON BEHALF OF ANY CANIDATE WILL DISQUALIFY AND RESULT IN EXCLUSION FROM THE RECRUITMENT PROCESS.***

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT SIGNATURE:** |  | **DATE:** |  |

**PLEASE RETURN THIS APPLICATION TO**

**HUMAN RESOURCES DEPARTMENT, WESTERN CARE ASSOCIATION, JOHN MOORE ROAD, CASTLEBAR, CO. MAYO OR EMAIL TO HR@WESTERNCARE.COM**