



Charlestown
Co. Mayo

☎ 09492 91091

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EMPLOYMENT APPLICATION FORM

Email: info@gradyjoinery.ie

The issue of this form does not imply that there is a vacancy at present. Neither is the Company obliged to interview or to offer employment. As suitable vacancies arise, your application will be considered with those of others.

Position Applied For: _____ Would Shift Work also be suitable: _____

Name: _____

Home Address: _____

Telephone No: _____

Employment History

Name & Address of Present Employer	Date Started	Gross Salary	Reason for leaving or wishing to leave

Telephone No: _____

Briefly outline your Duties and Responsibilities: _____

Have you ever been employed or previously sought employment with Grady Joinery Ltd ?

Any Family or Friend employed with Grady Joinery Ltd.?

Previous Employment

Name & Address of Previous Employer(s)	Dates From - To	Position held	Salary	Reason for leaving

General Education

Name & Location of School	Dates of leaving	Examination Results Junior/Leaving Cert or Other

Training, Professional or Other Trade Qualification

Name & Location of Institution	Course Followed	Year Obtained	Qualification Obtained.

Interests/Sports/Hobbies

Details of special abilities or skills

Medical Information/Health

Have you had any illness which caused you to be off work for two weeks or more within the past 4 years?
 Yes No If yes, please give details: _____

Have you been involved in any Industrial, Motor or other accident? Yes No
If yes what was the nature of the injuries sustained? _____

Have you got a Certificate of Fitness that these injuries no longer affect you? Yes No

Have you ever suffered from any back or neck complaints? Yes No

Do you suffer from, or ever suffered from:

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fits/Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Skin Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Any Disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

If Yes to any of the above can you provide a certificate of fitness? Yes No
(The above will not necessarily prejudice your application)

Are you willing to undergo a medical examination by the Company Doctor? Yes No

General Information

Do you hold a current full driving licence? Yes No

Have you ever been convicted of a criminal offence Yes No
If yes, please give details _____

Are there any restrictions on your right to work in this country? Yes No

Please provide any other relevant information about yourself, your experience, and why you would feel you would be suitable for this job (Continue on a separate sheet)

Reference:

Do not attach original references with this Application Form. References will not be taken up with your present employers without your permission. Please provide details of past employers who could provide a character and work reference. Family and Friends are not acceptable

<p>1.</p> <p>Company: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel.No: _____</p> <p>Type of reference: Education/Institution/Employer/Character</p>	<p>2.</p> <p>Company: _____</p> <p>Name: _____</p> <p>Position: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tel.No: _____</p> <p>Type of reference: Education/Institution/Employer/Character</p>
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NAME and ADDRESS OF NEXT OF KIN OR PERSON TO CONTACT IN AN EMERGENCY

Name: _____

Tel. No.: _____

Address: _____

Relationship: _____

I certify that the above information is correct and may be taken as part of any subsequent contract of employment. Incorrect and/or false information could lead to dismissal or any offer being withdrawn.

Signature: _____

Date: _____