

**WATERFORD INSTITUTE OF TECHNOLOGY CAMPUS SERVICES**

**APPLICATION FOR THE POSITION OF: \_\_\_\_\_**

Surname: \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION AND TRAINING**

Secondary Schools Attended	Dates	Examinations passed and subjects taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Further Education (include Third Level, Professional, Craft, Training)	Dates	Subjects studied and qualifications awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK EXPERIENCE** (start with most recent employer and work backwards)

Name of Employer	Dates	Main duties/responsibilities of business and reason for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any other relevant information about yourself, your experience, and why you feel you would be suitable for this job on the reverse side on this form.

**GENERAL DETAILS**

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

If yes, please give details \_\_\_\_\_

**CURRENT EMPLOYMENT**

Present Salary/Wage (including bonus etc): \_\_\_\_\_

Notice Required \_\_\_\_\_

Have you ever been employed, or previously sought employment with WIT Campus Services? \_\_\_\_\_

Please give name, company and telephone number of two of your previous managers/supervisors whom we may contact for references. No approach will be made to your employers without your permission.

Name

Company

Status

Telephone No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL/HEALTH INFORMATION**

1. Have you any illness/infection?    Yes     No     If yes, please specify : \_\_\_\_\_

2. Have you any allergies?    Yes     No     If yes, please specify : \_\_\_\_\_

3. Are you taking any medication    Yes     No     If yes, please specify : \_\_\_\_\_

4. Do you have a history of any of the following:    Yes    No

Heart Disease       

Diabetes       

Epilepsy       

Varicose Veins       

Arthritis       

Joint Problems       

Back-ache Problems       

4. Please provide any other relevant information which may be affected by your work with Campus Services

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I confirm that the information given by me on this application form is correct to the best of my knowledge. I understand that any omission or misrepresentation of information on this application form may in the event of my employment result in disciplinary action up to and including dismissal.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_