

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

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 _____