



APPLICATION FORM
STRICTLY CONFIDENTIAL

Position Applied for:				
Have you worked with this Company before? Yes No If yes, when? _____		Rate of Pay expected? € _____ Gross per week/hour		
<u>PERSONAL DETAILS (Please Print Clearly)</u>				
Surname : _____		First Name : _____		
Permanent Address: _____ _____ _____		Permanent Address: _____ _____ _____		
Tel : _____		Mobile : _____		
Email : _____				
<u>GENERAL</u>				
1. Are you over 18 and under 65 years of age? Yes No				
2. Date of Birth : _____ (You are not obliged to complete this at this time, however, if appointed this information will need to be submitted to the Company)				
3. If not born in the EU, do you have valid permission to live in Ireland? Yes No				
4. If not born in the EU, do you have valid permission to work in Ireland? Yes No				
5. Would you relocate to another property /town /area if required to do so? Yes No				
6. Languages - What level of spoken/written proficiency do you have?				
Language : English :		Fluent	Intermediate	Beginner
Other? : _____		Fluent	Intermediate	Beginner

FITNESS / GENERAL WELL-BEING

1. Have you had any illnesses, injuries or accidents which have caused you to be off work for two weeks or more within the past two years? Yes No

If yes, please give details stating the nature of the absence and/or injuries sustained.

2. Have you a Certificate of Fitness to confirm that this injury/illness no longer affects you?
Yes No

3. In relation to being able to carry out the position that you have applied for - Are you aware of any condition that you may have which might cause injury or harm to yourself or another person in the workplace? Yes No

EDUCATION & QUALIFICATION (Please list most recent place first)

Names & Addresses of Schools Attended:	Dates:	Examinations taken (with subjects, dates and results):
Further Education: (College, University, Evening Classes, Correspondence Courses etc.)	Dates:	Examinations taken (with subjects, dates and results):

**Employment Record – Please show every position since leaving school/college.
For any periods of unemployment, please indicate dates and address of social welfare office where registered.
Please list most recent employment first working backwards from there.**

Date From	Date To	Name & Address of Employer	Position Held	Salary	Reason for Leaving

REFERENCES - References will not be taken up with your current employer without your permission. Where possible, referees should cover previous 5 years of employment.

Name : Position : Address : _____ _____ Tel/Mobile No: _____ Email : _____ Type of Reference: Education/Employer/Character	Name : Position : Address : _____ _____ Tel/Mobile No: _____ Email : _____ Type of Reference: Education/Employer/Character
Name : _____ Position : _____ Address : _____ _____ Tel/Mobile No : _____ Email : _____ Type of Reference: Education/Employer/Character	Name : _____ Position : _____ Address : _____ _____ Tel/Mobile No: _____ Email : _____ Type of Reference: Education/Employer/Character

SECURITY

1. Do you have a criminal record? Yes No
2. Do you have any impending court cases that could prevent your being available and able to carry out the duties of this position in the immediate future? Yes No
3. Have you ever been discharged or asked to resign from a company? Yes No

Be Assured that the Beach Hotel Mullaghmore is an Equal Opportunities Employer

I confirm that the above information is true and accurate and I fully understand that any false information given by me will result in my employment being terminated.

Signed : _____ Date : _____