

Your Pass to Future Success!
Why not visit us online at www.myhomecare.ie

Position applied for: _____ Date: _____

Vacancy ref number: _____

ABOUT YOU

Surname: _____

First Name: _____

Maiden Name: _____

Sex (M/F): _____

Marital Status: (Married / Single / Widowed / Divorced) * Delete as appropriate

Address: _____

Age: _____ Date of Birth: _____

Telephone (Home): _____

Postcode: _____

(Work): _____

PPS/NS No. _____

(Mobile): _____

Email Address: _____

Full Prov None

Do you have a valid Driver's Licence? ☐ ☐ ☐

10 yr. 3 yr. None

Do you have a Valid Passport? ☐ ☐ ☐

Person to contact in an Emergency: _____

Relationship: _____

Telephone (Home): _____

Address: _____

(Work): _____

(Mobile): _____

Postcode: _____

ABOUT YOUR FLEXIBILITY TO WORK

Are you looking for a Temporary Position? ☐ Permanent Position? ☐ or Both? ☐

* Both (Temporary with a view to becoming permanent).

For each day of the week, please write the times you can work. Make sure you tell us the earliest you can start and the latest you can finish.

| MON | TUE | WED | THUR | FRI | SAT | SUN |
|-----|-----|-----|------|-----|-----|-----|
| | | | | | | |

Maximum number of hours you can work per week: _____

Where did you find out about this vacancy?: _____

Have you any holidays already booked? Yes ☐ No ☐

If yes, please give dates: From: _____ To: _____

ABOUT YOUR WORK EXPERIENCE

Please list the jobs you have held, starting with your most recent and working backwards. Use additional paper if required to list all jobs.

| Dates From/To Month/Year | Company Name and Address | Job Title | Reason for Leaving |
|--------------------------|--------------------------|-----------|--------------------|
| | | | |
| | | | |
| | | | |

ABOUT YOUR EDUCATION

Please detail any qualifications and/or certificates of study you have achieved:

| School/College | Qualifications | Date Obtained |
|----------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

If you are still studying, which Educational Institute do you attend? _____

When will your course be completed: _____

ABOUT YOUR HEALTH & ATTENDANCE

1. Have you had any major illness / operations? Yes ☐ No ☐
2. Have you any skin complaints? Yes ☐ No ☐
3. Have you had any medical condition which requires medication? Yes ☐ No ☐
4. Date of your last medical: _____
5. Have you ever suffered from Fits/Blackouts or other episodes Yes ☐ No ☐
6. Do you have or have you ever had any other medical condition which could make you in any way unsuitable for the position for which you are now applying? Yes ☐ No ☐

If yes to any of these questions, please give details _____

Numbers of days absent in your last year of work: _____

If absent, please give details: _____

Do you have or have you had a disability? Yes ☐ No ☐

If yes, please give details: _____

Were any absences connected with a disability? Yes ☐ No ☐

(Failure to disclose full medical history may result in insurance cover being denied or affect your employment status in the future).

ABOUT YOUR ETHNIC ORIGIN

Myhomecare.ie is committed to Equal Opportunities. Selection or promotion is based on the applicant's suitability for the job. To help us monitor our performance please indicate your ethnic origin.

Country of Birth: _____ Nationality: _____

Do you need a work permit? Yes ☐ No ☐ (Attach Copy)

Do you have proof of residency? Yes ☐ No ☐ (Attach Copy)

ABOUT YOUR REFEREES

Please indicate two referees who can tell us more about you. Both of these must be your most recent employer.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____ Tel: _____

Postcode: _____ Tel: _____

Relationship: _____

Relationship: _____

Name: _____

Address: _____

Postcode: _____ Tel: _____

Relationship: _____

OTHER QUALIFICATIONS

| Description | Date Awarded | Awarding Body |
|---|--------------|---------------|
| Manual Handling | | |
| First Aid | | |
| Professional Management of Violence and Aggression Course | | |
| Elder Abuse Course | | |
| Infection Control Course | | |

BANK ACCOUNT DETAILS (For payment of wages)

Bank Address: _____

Sort Code: _____ A/C No. _____

AND FINALLY

1. Have you ever been convicted of a criminal offence? Yes ☐ No ☐
2. Have you any prosecution pending: Yes ☐ No ☐

If yes to either of these questions, please give details: _____

3. Do you have an An Bord Altranais Pin No?

4. Have you previously worked for Myhomecare.ie? Yes ☐ No ☐

If yes, please give details: Location: _____ Position: _____

Dates: From: _____ To: _____ Reason for Leaving: _____

Thank you for completing this form and expressing an interest in working with Myhomecare.ie - we wish you well with your application. Before signing, please be sure to read through carefully what you have written and check that you have filled in all of the sections. Your signature will be taken as:

1. Acknowledgement that all the information you have provided is complete, correct and not misleading.
2. Your understanding that any offer of employment is subject to the receipt of satisfactory references and your permission for us to approach referees and previous employers to obtain references.
3. Your authorisation for Myhomecare.ie to contact relevant authorities should we need to check any other information concerning your application to join us.

Signature: _____ Date: _____

WHERE DO WE GO FROM HERE?

Your details are stored on our database under the terms of the data protection act, you can request in writing, copies of these details at any time.

If we have the job for you interviews will be arranged either in person or over the telephone. We will keep you informed at all times of your progress however; if you ever need to check in please do not hesitate to contact us at the relevant office:

The Recruitment Team Email: info@myhomecare.ie Web: www.myhomecare.ie

Quayside Business Park
Mill Street, Dundalk, Co. Louth
Tel: +353 42 9352723
Fax: +353 42 9352724

16A Sandyford Business Centre
Bohermore Co Galway
Tel: +353 91 762426
Fax: +353 91 762429

4 Bruach Na Laoi, Union Quay
Cork
Tel: +353 21 4279916
Fax: +353 91 4279918