



APPLICATION FORM

*Please complete each section of this application as fully and as carefully as possible.
Additional information may be submitted as part of the application as an attachment to the form.*

THIS APPLICATION WILL BE TREATED IN STRICT CONFIDENCE.

POSITION APPLIED FOR (Please Specify) _____

PERSONAL DETAILS

TITLE: (Mr/Mrs/Ms) _____

SURNAME _____ FIRST NAMES _____

PERMANENT ADDRESS

ADDRESS FOR CORRESPONDENCE (If different from above)

HOME TELEPHONE No. _____ WORK TELEPHONE No. _____

MOBILE No. _____

EMAIL ADDRESS: _____

WORK ENTITLEMENT are you permitted to work in Ireland. _____

ACADEMIC HISTORY

Post Primary Education

SCHOOL/COLLEGE	DATES FROM	TO	FINAL EXAMINATION SUBJECTS AND RESULTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGHER EDUCATION INSTITUTION	DATES FROM	TO	FINAL EXAMINATION SUBJECTS AND RESULTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Qualifications

DEGREE/DIPLOMA/CERT	CONFERRING YEAR BODY	GRADE AND CLASS	MAJOR SUBJECTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Degree/Diploma/Certificate in preparation at time of application: indicate expected Date of completion/conferring

Other Qualifications: Include Memberships/Fellowships/Relevant Training Programmes

EMPLOYMENT HISTORY

Current Position

EMPLOYER	NATURE OF BUSINESS	DATE OF COMMENCEMENT	POSITION
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DESCRIPTION OF PRESENT DUTIES AND RESPONSIBILITIES

Current Salary, Benefits, Allowances and Pension Arrangements

SALARY

ALLOWANCES

OTHER BENEFITS

Previous Positions/Employments

DATES FROM	TO	EMPLOYER	POSITION HELD	REASON FOR LEAVING
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ADDITIONAL INFORMATION

Please indicate the reason(s) for seeking the position applied for:

Any other information that may help in assessing your application. Leisure time interests may be included here. (Use an additional page if necessary)

REFEREES

Please list three persons from whom the College may request references on your behalf; they should be such as to be able to comment in detail on your career. Applicants must include their present employer or past employer (if not currently employed).

The College will assume permission to contact referees unless the Applicant has stated otherwise.

NAME/POSITION HELD

NAME/POSITION HELD

NAME/POSITION HELD

ADDRESS

ADDRESS

ADDRESS

EMAIL _____ EMAIL _____ EMAIL _____

TEL: _____ TEL: _____ TEL: _____

PERIOD OF NOTICE

How soon after an offer of appointment would you be in a position to take up employment? _____

VETTING PROCEDURES

I understand and accept that the College, in order to comply with child protection regulations and guidelines, will make appropriate background checks, on all potential employees, with the relevant authorities including the Garda Siochana,

- a) Have you ever been investigated by the Gardai, Health Board or your employer in relation to substantiated complaints made concerning your treatment of children?

Yes/No

- b) In the event of your being recommended for appointment to this position, the Board of Management is obliged to comply with the terms of Circular 0094/2006 – *New Arrangements for the Vetting of Teaching and non-Teaching Staff*. Sections 2.1 and 2.2 of Circular 0094/2006 state that vetting will apply initially to all new staff recruited with effect from 1st September 2006 or later. New staff is defined as those who have not been employed in a recognised primary or post-primary school, in a Youthreach, VTOS, Junior Education or a Traveller Training Centre in this state at any time since 1st September 2003.

Do you agree to be bound by the terms of this circular? Yes/No

DECLARATION

I hereby certify that all statements given by me on this application are true and correct without omission and that any misstatement given will disqualify my application or may result in dismissal if employed by the College.

SIGNED _____ DATE _____

The completed application should be returned to:

The HR Department : kodonoghue@clongowes.net