



APPLICATION FORM

NAME: _____
(Please use BLOCK capitals to complete form)

PPS NO. _____

HOME ADDRESS:

PRESENT ADDRESS: (If different as above)

PHONE NO: _____

MOBILE: _____

DO YOU HOLD AN EEA PASSPORT?

Yes

No

EDUCATION

Name of School / College	Qualifications	Years	
		To	From

Dates		Employer	Job Description	Pay
To	From			

REFERENCES

All Applicants are subject to the receipt of satisfactory references; please provide details of two appropriate referees:

1. Name: _____	2. Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____

HEALTH

Have you ever had any of the following?

Allergies to Medicines, food or other substances? **Yes / No**

Eczema, dermatitis, or other skin conditions? **Yes / No**

Epilepsy, fits, dizziness or blackouts? **Yes / No**

Diabetes? **Yes / No**

Tuberculosis? **Yes / No**

Has anyone in your family or household had TB? **Yes / No**

Back or neck injury, prolonged back / neck pain? **Yes / No**

Difficulties in bending, lifting or gripping? **Yes / No**

Have you ever had an injury / accident requiring time off work? **Yes / No**

Have you lost time from work due to illness in the past two years? **Yes / No**

Have you visited your GP or a hospital during the past 3 years? **Yes / No**

Have you any other illness you feel may be relevant to your employment? **Yes / No**

If answered YES to any of the above questions, please give further detail below:

How did you hear about Giraffe?

Relative / friend
National / local Newspaper
Internet
Other

Please state

Did you enjoy any gaps in employment? Yes No

Please specify (If answered yes) i.e. travelling, career break

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Have you been ever convicted of any criminal offences? Yes No

Please specify (If answered yes)

.....

I declare that the information I have given in this application is true and complete to the best of my knowledge. I accept that in the event of my being employed and it subsequently being shown that information has not been disclosed by me, or has been misleading or false, that Giraffe may terminate my employment. I authorize the verification of any or all information listed above.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Application processed by:
.....

Applicant Result:
Approved Refused

Decision Date:
.....

Garda Vetting Completed:
Yes No