**Project Worker Application Form**

*Please type into the boxes below to complete the application form*

|  |
| --- |
| **Contact Details** |
| Name |  |
| Address |  |
| Email |  |
| Phone  |  |
| Are there any legal restrictions on your right to work in this country?If yes please give details |  |

(Please expand each box as necessary)

|  |
| --- |
| **Education History** |
| **Post Primary Education**  | **From** | **To** | **Subjects** | **Results** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Further Education College/University** | **From** | **To** | **Course** | **Results** |
|  |  |  |  |  |
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| **Transport** **Yes/ No** |
| Do you hold a full clean driver’s license which is legal for use in Ireland? |  |
| Do you have access to your own transport? |  |

**Employment Record:**

*Please give details of your complete working history beginning with your present or last employment. If necessary, copy & paste new employment boxes keeping the format below.*

|  |  |
| --- | --- |
| **Dates of employment** *(from & to)* |  |
| **Employer’s name, address & nature of business** |  |
| **Job Title and description of main duties** |  |
| **Full or Part time****Incl. Hours** |  |

|  |  |
| --- | --- |
| **Dates of employment** *(from & to)* |  |
| **Employer’s name, address & nature of business** |  |
| **Job Title and description of main duties** |  |
| **Full or Part time****Incl. Hours** |  |

|  |  |
| --- | --- |
| **Dates of employment** *(from & to)* |  |
| **Employer’s name, address & nature of business** |  |
| **Job Title and description of main duties** |  |
| **Full or Part time****Incl. Hours** |  |

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| --- | --- |
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| **Employer’s name, address & nature of business** |  |
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| **Full or Part time****Incl. Hours** |  |

|  |  |
| --- | --- |
| **Dates of employment** *(from & to)* |  |
| **Employer’s name, address & nature of business** |  |
| **Job Title and description of main duties** |  |
| **Full or Part time****Incl. Hours** |  |

**References**

|  |
| --- |
| **Please give the names and addresses of two people whom we may contact without further permission for a confidential assessment of your suitability for this job, preferably two previous employers.**  |
|  | **1st Referee** | **2nd Referee** |
| **Name** |  |  |
| **Address** |  |  |
| **Tel number** |  |  |
| **Email** |  |  |
| **Occupation** |  |  |
| **How long acquainted with you?** |  |  |
| **In what connection** |  |  |

**Other Information**

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| --- |
| Please give a brief explanation as to why you wish to be considered for the position of project worker with North West City School Completion Programme. |
|  |

**Thank you**