

## Reign Healthcare Ltd

### Application for Employment Form

Job applied for: .....

Return form to: *Reign Healthcare Ltd, 30 Lansdowne Road, Portarlinton, Co. Laois, R32 E2C5*

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they can carry out the duties, regardless of any previous experience.

#### Please tell us about yourself

Surname: .....

First name: .....

Other names: .....

Home address: .....

.....

..... Postcode: .....

Home tel. no: ..... Mobile no: .....

May we call you at work? YES / NO

Are you related to any present or former employees of Reign Healthcare? YES / NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name: .....	Name: .....
Position: .....	Position: .....
Company: .....	Company: .....
Address: .....	Address: .....
.....	.....
Postcode: .....	Postcode: .....
Tel. no. work: .....	Tel. no. work: .....
Tel. no. other: .....	Tel. no. other: .....
Is this your current employer? YES / NO	Is this your current employer? YES / NO
Are they related to you? YES / NO	Are they related to you? YES / NO

### Education and Training

Please tell us about your education. List any qualifications gained. Any further education.

School / College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below:

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### Employment History

We need a total history of your employment. Start with your present, or most recent job first. If there are gaps in employment, please tell us why e.g. unemployment, bringing up family etc.

Employer	Job title and description of duties	Salary / wages	From	To	Reason for leaving

**No approach will be made to your present employer before an offer of employment is made to you.**

**Do you need a work permit to work in Ireland?** YES / NO

**When can you start work with us? .....**

**Further information**

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have.

**Do you consider yourself to have a disability**

YES / NO

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our recruitment process.

Please tell us if there are any dates when you will not be available for interview

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

Signature: ..... Date: .....