

# Office Application Form



## Your Personal Details

Surname:	<input type="text" value="Mr/Mrs/Miss/Ms"/>	
First names:	<input type="text"/>	
Full Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text" value="Postcode:"/>	
Contact Numbers:	<input type="text" value="Home:"/>	<input type="text" value="Mobile:"/>
Email Address:	<input type="text"/>	

Do you need a work permit to take up employment in Ireland?    Yes: ☐    No: ☐

If YES, please detail:

Please note that all candidates invited to interview will be required to produce evidence of their eligibility to work in Ireland.

Date of Birth:     Are you a SMOKER?    Yes: ☐    No: ☐

Please summarise briefly why you would like to become part of the McArdle Skeath team:


# Your Medical History

Please answer the following questions:

1. Do you suffer from any allergies or skin conditions that you believe may prevent you from wearing our company uniform or from working with certain materials? Yes: ☐ No: ☐  
If 'YES' please detail:
2. Do you suffer from any medical conditions that may prevent or restrict you from carrying out the role applied for as described in the advert/job description? Yes: ☐ No: ☐  
If 'YES' please detail:
3. Do you require medication on a regular basis? Yes: ☐ No: ☐  
If 'YES' please detail, including Condition and associated Medication:

## Supplementary Information

Are you willing to work weekends when required? Yes: ☐ No: ☐

Do you have any pre-existing commitments which may limit your working hours?  
(For instance military reserve, local government etc.) Yes: ☐ No: ☐

If 'YES', please detail:

Are you subject to any restraints which may affect your current or future employment? Yes: ☐ No: ☐

If 'YES', please detail:

Have you ever worked for McArdle Skeath before? Yes: ☐ No: ☐

If 'YES', please detail Date(s):

Do you have any pre-existing holidays arranged? Yes: ☐ No: ☐

If 'YES', please detail:

If offered a position at McArdle Skeath, how much notice must you give your current employer?  days

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

If 'YES', please detail:

## Your Employment History

Please give details of your employment history over AT LEAST the last five years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history (if you have insufficient space please photocopy this page and continue on the fresh sheet, attaching it to this form securely).

Employer/Address:				
Telephone No:		Job Title:		
Period:	From:                      To:	Basic Pay: €                      pw	Takehome: €                      pw	
Reason for leaving:				

  

Employer/Address:				
Telephone No:		Job Title:		
Period:	From:                      To:	Basic Pay: €                      pw	Takehome: €                      pw	
Reason for leaving:				

  

Employer/Address:				
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Period:	From:                      To:	Basic Pay: €                      pw	Takehome: €                      pw	
Reason for leaving:				

  

Employer/Address:				
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Period:	From:                      To:	Basic Pay: €                      pw	Takehome: €                      pw	
Reason for leaving:				

  

Employer/Address:				
Telephone No:		Job Title:		
Period:	From:                      To:	Basic Pay: €                      pw	Takehome: €                      pw	
Reason for leaving:				

## Training and Qualifications

Please detail any qualifications obtained or training undertaken, including the approx. date and result

Subject:	Exam/Course:	Approx.
	Date:	

## References

Please give details of TWO Referees, BOTH must be previous employers or if still employed, ONE must be your CURRENT EMPLOYER. (Please note that your current employer WILL NOT under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with McArdle Skeath).

### Referee One

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Position:	<input type="text"/>	Company:	<input type="text"/>
Full Address:	<input type="text"/>		
	<input type="text" value="Postcode:"/>		
Contacts:	<input type="text" value="Telephone:"/>		
Email:	<input type="text"/>		

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### Referee Two (your current employer, if applicable)

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Position:	<input type="text"/>	Company:	<input type="text"/>
Full Address:	<input type="text"/>		
	<input type="text" value="Postcode:"/>		
Contacts:	<input type="text" value="Telephone:"/>		
Email:	<input type="text"/>		

## Declaration

Did you complete this form yourself?    Yes: ☐    No: ☐

If No, who did:

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of McArdle Skeath.

Print Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

