



# DONEGAL CENTRE FOR INDEPENDENT LIVING

## Application for PA Job

Ballymacool House, Ballymacool, Letterkenny. Co Donegal. ☎ 074 9128945

### CE APPLICATION FORM

**Before returning application please check eligibility with your local DSP Office, or Tel DSP Letterkenny; 074 91 22200**

<b>PART 1. PERSONAL DETAILS</b>					
Title; Mr/Mrs/Miss	First Name(s) in full.			Surname	
Full postal address					
Home Tel Number	Mobile No	Date of birth	RSI number		
Email Address			Confirm your Email Address		
Next of Kin			Phone No:		
What job are you making application for?				How/where did you find out about this job?	
<b>☛ ARE YOU ELIGIBLE TO PARTICIPATE IN A COMMUNITY EMPLOYMENT SCHEME? Yes No</b>					
	Yes	No		Yes	No
Do you have a full current driving licence?			The use of a vehicle for work?		
Do you require a work permit for Ireland? Are you in receipt of Social Welfare Benefit?			Are you able to work flexible hours? If in receipt of SW Benefit, state type;		
If you have a disability, and require any special arrangements to facilitate at the interview, please state requirements:					

<b>PART 2. REFEREES. (Please provide two referees)</b>					
Name		Name			
Job title		Job title			
Address		Address			
Tel No (Daytime);		Tel No (Daytime);			
Email Address:		Email Address:			

<b>PART 3. EMPLOYMENT.</b>			
Name and Address of present employer.			
Tel No	Date started employment	Salary (Annual)	Notice Period
Type of contract (Permanent/ fixed term/ temporary/ relief)		Your job title?	
Give a brief description of duties and responsibilities relevant to the job?			
What is/are your reason(s) for leaving the job?			

**Note: If you have attached a current CV go to Part 6**

**PART 4. PREVIOUS EMPLOYMENT. (Include voluntary work/career breaks/periods of employment)**

Name and address of Employer	Dates employed. (Day, month, year)		Position held. List your job titles and main duties. Reasons for leaving.
	FROM	TO	

**PART 5. QUALIFICATIONS. (If none, write 'none'.)**

Title of qualification	Level	Grade achieved	Date passed

**PROFESSIONAL QUALIFICATIONS (If none, write 'none').**

Name of professional body	Qualification/class of membership held.	Date passed

**PART 6. EXPERIENCE AND SKILLS.**

Identify skills, experience, and knowledge needed for the post you have applied, and show how past experience has given you these skills etc.

**This position is part of a Community Employment project, rules apply to eligibility.**

**Please contact CE Supervisor Pat McCafferty 074 91 28945 for further information**

Signed \_\_\_\_\_  
APPLICANT

Date \_\_\_\_\_

**☛ If you require assistance in completing this application, contact DCIL.  
☎ 074 9128945.**

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**FOR OFFICIAL USE ONLY**

REF NO \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ SIGNED \_\_\_\_\_  
DCIL

NOTES:-