



APPLICATION CLOSING DATE

## DONEGAL CENTRE FOR INDEPENDENT LIVING

### Application for PA Job

**Ballymacool House, Ballymacool, Letterkenny, Co. Donegal ☎ 074 9128945**  
 Donegal Centre for Independent Living & Co. Ltd hereafter referred to as DCIL.

PART 1. PERSONAL DETAILS					
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		
What job are you making application for?				How/where did you find out about this job?	
	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 able to work flexible hours?		
If you have a disability, and require any special arrangements to facilitate at the interview, please state requirements:					

If job offered requires the use of your own vehicle during working hours, can your motor insurance company provide DCIL with an Insurance Indemnification Yes\_\_\_ No\_\_\_

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

PART 3. EMPLOYMENT.			
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?			

<b>PART 4. PREVIOUS EMPLOYMENT. (Include voluntary work/career breaks/periods of employment)</b>			
Name and address of Employer	Dates employed. (Day, month, year)		Position held. List your job titles and main duties. Reasons for leaving.
	FROM	TO	

<b>-PART 5. QUALIFICATIONS. (If none, write 'none')</b>			
Title of qualification	Level	Grade achieved	Date passed
<b>PROFESSIONAL QUALIFICATIONS (If none, write 'none')</b>			
Name of professional body	Qualification/class of membership held.		Date passed

<b>PART 6. EXPERIENCE AND SKILLS.</b>
<p>Identify skills, experience, and knowledge needed for the post you have applied, and show how past experience has given you these skills etc.</p>

**PART 7. CONVICTIONS/OFFENCES.**

List details of all charges, prosecutions, convictions, cautions, bind-over orders – even if they happened long ago. Include any that may be pending, minor matters, and any road traffic or motoring offences.

**Part 8. TO BE COMPLETED BY THOSE WHO WILL HAVE ACCESS TO VULNERABLE ADULTS AND/OR CHILDREN**

Please enter any other surnames by which you have been known

Enter your place of birth

Enter ALL previous addresses within the last 5 years.

**PART 9. DECLARATION AND SIGNATURE. Please read and sign.**

I declare and understand that;- all information given on this form is true, complete and accurate. If I give wrong or leave out important, information that I can be dismissed if I take up the job. I give my consent that any Garda clearance checks required can be carried out before I'm offered the job. I understand that to take up this job I must have satisfactory references and Garda clearance checks. I understand that I may be required to produce my birth certificate, and evidence of qualifications entered on this form. I confirm that as far as I'm aware there are no medical reasons which would prevent me carrying out the duties of this job. I agree that DCIL make any necessary enquiries to the referees I've entered. Canvassing will disqualify me from the selection process for this job. I understand that the information given on this form will be kept confidential by DCIL, that I may or may not be called to an interview. If my application is unsuccessful I understand that DCIL is under no obligation to inform me of this, nor give an explanation as to why the application was unsuccessful.

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

Date \_\_\_\_\_

NOTES ON COMPLETING FORM;-  Part 1, 2, 7, 8, and 9, Must be completed by all applicants. Remaining parts to be completed if applicable, if not applicable write 'NA'. If you haven't enough space attach a further page.

☞ APPLICATION MUST BE WITH DCIL NO LATER THAN CLOSING DATE ON TOP OF FIRST PAGE.

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

**] 074 9128945.**

**FOR OFFICIAL USE ONLY**

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

NOTES:-