



FOR OFFICE USE ONLY:

Date Received: _____

Logistical Department: _____

Name: _____

Comments: _____

Depot: _____

The information requested is for recruitment and statistical purposes only and will be treated in strict confidence. Completion of an application form does not necessarily guarantee a position with South Coast Transport.

PLEASE ENSURE THAT YOU READ THIS APPLICATION FORM, COMPLETE ALL SECTIONS AND SIGN THE BACK PAGE AS INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

SECTION 1.

Personal Details (Block capital letters)

Surname: _____

First name (s): _____

Phone No. (Home): _____ (Mobile): _____

E-mail Address: _____

Full Home Address: _____

Sex (M/F): _____ Date of Birth: _____ Nationality: _____

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

If Yes, please supply details: _____

Are you a smoker? Yes No

Written statement from applicant

Please note additional information may be attached if necessary

In your own words, please state why you want to become part of the South Coast Team

SECTION 2.

IT IS IMPORTANT THAT YOU FULLY COMPLETE THIS SECTION AND THAT THE CORRECT INFORMATION IS GIVEN. WHERE NECESSARY DETAILS PROVIDED SHOULD BE VERIFIED BY YOUR DOCTOR.

Medical Details

In the last 5 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None Eyes Skin Respiratory Circulatory Joints / Bones

In the last 2 years, have you consulted a Hospital or Specialist, or been referred as an Outpatient on problems in any of the following areas ?

None Eyes Skin Respiratory Circulatory Joints / Bones

Are you colour blind ? Yes No

If Yes, please detail:

Do you require glasses for driving ? Yes No

Do you require medication on a regular basis ? Yes No

SECTION 3.

Training and Qualification Details

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

PLEASE START WITH THE MOST RECENT INSTUTION ATTENDED

Examining Body e.g. FETAC, HETEC, FAS	Course title e.g. Business Administration	Level of award achieved e.g. Honours, Pass of...	Year achieved
1			
2			
3			
4			
5			

Languages

Do you speak English ? Yes No

If Yes, please specify whether you have "Basic", "Good" or "Fluent" ability:

Do you speak any foreign languages ? Yes No

If Yes, please specify the language (s) and whether you have "Basic", "Good" or "Fluent" ability:

Licence Details

Licence Number: Expires: DAY MTH YR

Years Driving Experience:

Does your licence carry endorsement / penalty points? Yes No

If Yes, please supply details:

Software Experience

MS Word: Often Rarely Never

MS Access: Often Rarely Never

MS Outlook: Often Rarely Never

MS Excel: Often Rarely Never

Powerpoint: Often Rarely Never

Accounting: Often Rarely Never

Autoroute: Often Rarely Never

Office Experience Details

Estimating: Often Rarely Never

Teamworking: Often Rarely Never

Meeting deadlines: Often Rarely Never

Meeting clients: Often Rarely Never

SECTION 4.

Employment Details

PLEASE GIVE DETAILS OF YOUR EMPLOYMENT HISTORY OVER AT LEAST THE LAST 5 YEARS, STATING YOUR MOST RECENT POSITION FIRST AND WORKING BACKWARDS, EXPLAINING CLEARLY ALL GAPS IN YOUR EMPLOYMENT HISTORY.

Please note additional information may be attached if necessary

Name and Address of Employer:

Telephone Number:

Job Title:

Period: FROM TO

Basic Pay: € PER WEEK

Name and Address of Employer:

Telephone Number:

Job Title:

Period: FROM TO

Basic Pay: € PER WEEK

Name and Address of Employer:

Telephone Number:

Job Title:

Period: FROM TO

Basic Pay: € PER WEEK

Name and Address of Employer:

Telephone Number:

Job Title:

Period: FROM TO

Basic Pay: € PER WEEK

Name and Address of Employer: [REDACTED]

Telephone Number: [REDACTED]

Job Title: [REDACTED]

Period: FROM [REDACTED] TO [REDACTED]

Basic Pay: € [REDACTED] PER WEEK

SECTION 5.

Supplementary Information

Are you willing to work overtime and weekends when required? Yes No

Do you have any pre-existing commitments which may limit your working hours? Yes No

If Yes, please supply details: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

If Yes, please supply details: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Have you ever worked for South Coast before? Yes No

If Yes, please supply details: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

If Yes, please supply details: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

If offered a position at South Coast, how much notice must you give your current employer? [REDACTED]

Have you ever been convicted of a Criminal Offence? Yes No

If Yes, please supply details: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

SECTION 6.

References

PLEASE GIVE DETAILS OF TWO REFEREES, BOTH MUST BE PREVIOUS EMPLOYERS, 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 South Coast Transport.

Referee One

Name: [REDACTED]

Telephone Number: [REDACTED] Company: [REDACTED]

Full Address: [REDACTED]

[REDACTED]

[REDACTED]

Telephone: [REDACTED] Email: [REDACTED]

Referee Two (Your Current Employer)

Name: [REDACTED]

Telephone Number: [REDACTED] Company: [REDACTED]

Full Address: [REDACTED]

[REDACTED]

[REDACTED]

Telephone: [REDACTED] Email: [REDACTED]

SECTION 7.

As a requirement for successful employment within South Coast Transport, it is necessary for us to have access to certain information about you.

Employment offers will be subject to satisfactory references and authorisation from you to access these records.

Please ensure that your application is complete and check that the following have been submitted, incomplete applications will not be assessed.

- All sections completed
- Hand written cover letter
- Copy of your CV
- Form is signed

Please submit the completed application form along with a hand written cover letter, copy of your CV and any supporting documentation to: Recruitment Department, South Coast Transport, Corrin, Fermoy, Co.Cork, Ireland

DECLARATION

I declare that the information given by me on this form is true and accurate and that 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 South Coast Transport.

Signature: Date: