

Unit 61 Newtown Business Park  
Drogheda, Co. Louth

4A Linenhall Street  
Dundalk, Co. Louth

Tel: 041 9 800 800  
Fax: 041 9 800 850

Tel: 042 9 33 55 44  
Fax: 042 9 33 72 86

Email: info@outsourceservices.ie

[www.outsourceservices.ie](http://www.outsourceservices.ie)



## APPLICATION FORM FOR EMPLOYMENT

(Please attach 2 passport size photographs above)  
Please tick the appropriate box below.

CLEANING

SECURITY

PEST CONTROL

Please fill in all questions that are applicable to you. The more information we have about you the easier it is to place you.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Rate your level of English Fluency: Basic  Conversational  Good  Very Good  Fluent

Have you worked for Outsource Support Services in the past: Yes  No  If 'Yes', Where

Do you require a work visa to work in the Republic of Ireland? Yes  No

Work Permit/Visa \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If you require a Work Permit/Visa, please attach a photocopy of your Garda card & the most recent Immigration stamp on your card.

PSA License No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Safe Pass No. (Or equivalent): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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## EMPLOYMENT HISTORY

Please complete your working background below beginning with your most recent employer:

Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Position within Company: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Position within Company: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Position within Company: \_\_\_\_\_

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*Please tick where appropriate*

Are you looking for: Full time Work  Part-time Work  Summer Work

What Days are you available: Monday –Friday  Weekends  Both

What shifts are you willing to work?

Full time: Day Shift  Night Shift

Part-time: Early Morning  Afternoon  Evening Work

Do you have your own transport, i.e. car? Yes  No

Do you have a Full Irish License? Yes  No  Do you have any Penalty Points?: \_\_\_\_\_

What notice period must you give your present employer? \_\_\_\_\_

Please state the location(s) that you are willing to work: \_\_\_\_\_

Please attach a photocopy of one of the following types of photo identification:

Passport  Garda ID  Drivers License  Current Student ID

Please list any medical, visual or auditory conditions that may limit your ability to work in certain environments?

This will not disqualify your application for employment?

Have you ever been convicted of an offence, civil, military or criminal? This will not disqualify your application for employment?

Date of Conviction	Offence	Sentence

Are you currently under investigation for any alleged offence including motoring offences? This will not disqualify your application for employment? Yes  No  If 'Yes', please list

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I understand that, as a condition of employment, the information presented in and attached with this application form is correct to the best of my knowledge and the company will be entitled to terminate my employment should the contrary prove to be the case. I hereby give permission to contact the referees listed.

**Please note:** Applicants may be required to undertake a medical examination and/or drugs test as a condition of employment. Security clearance is a necessary condition of continued employment.

**Applicants Signature** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**CHECK LIST: HAVE YOU PROVIDED THE FOLLOWING,**

- A copy of your P45
- A copy of your current PSA Licence( only if you are applying for a security position)
- A Copy of Passport
- A Copy of Driving Licence
- Proof of residence
- Bank details (Please complete sheet attached)
- Copy of training courses ( Safe pass etc)
- Birth Certificate or Marriage Certificate.

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### BANK DETAILS FOR PAYROLL

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PPS NO: \_\_\_\_\_

START DATE: \_\_\_\_\_

BANK SORT CODE: \_\_\_\_\_

BANK ACCOUNT NO.: \_\_\_\_\_

NOTES: