

DeCare Dental Insurance Ireland, Ltd is an equal opportunities employer. It is our policy, both during the hiring process or subsequent employment, not to discriminate on the grounds of age, race, gender, religious belief, marital status, family status, sexual orientation, disability or membership of the travelling community. We recognise the right of all employees to work in an environment where individual dignity is respected and all employment decisions will be consistent with the principle of equal employment opportunities.



IDA Business Park, Claremorris, Co. Mayo  
Tel (353) (0)94 9372250 Fax (353) (0)94 9362685

## APPLICATION FORM

### PERSONAL DETAILS: *(please print clearly)*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Present Address *(if different)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Work Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Job applied for: \_\_\_\_\_ Typing Skills: \_\_\_\_\_ WPM

Have you worked at DeCare Dental Insurance Ireland, Ltd previously?  Yes  No

Have you any friends/relatives employed at DeCare Dental Insurance Ireland Ltd?  Yes  No

If so, when? \_\_\_\_\_ If so, who? \_\_\_\_\_

If offered the position, on what date will you be able to commence employment? \_\_\_\_\_

Are you willing to work overtime if requested?  Yes  No

Are you legally eligible to work in Ireland?  Yes  No

### EDUCATIONAL BACKGROUND:

<i>School</i>	<i>Name and Location</i>	<i>Examinations Taken (with dates)</i>
Secondary School		
Further Education <i>(University, College, Evening Classes, etc)</i>		

*Additional job-related seminars, business training:*

\_\_\_\_\_  
\_\_\_\_\_

### BUSINESS REFEREES: *(List three persons who are well acquainted with your work through a business relationship whom we may contact. Please do not include friends or relatives)*

Name	Company Name	Contact No.	Job Title

**WORK EXPERIENCE:** *(please begin with your present or most recent position)*

Name of Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

\_\_\_\_\_ Final Salary: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

\_\_\_\_\_ Final Salary: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

\_\_\_\_\_ Final Salary: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. DeCare Dental Insurance Ireland, Ltd is hereby authorised to make any investigation to my employment related history through any investigative means of its choice. I understand that if I am employed, and if DeCare Dental Insurance Ireland, Ltd discovers at any time during my employment that I have provided false or misleading information in my application or interview(s), it may be grounds for immediate discharge. I understand, also, that if I am employed I will be required to abide by all rules and regulations of DeCare Dental Insurance Ireland Ltd.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date