

DeCare Dental Operations 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.



Dental Operations Ireland, Ltd

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 Operations Ireland, Ltd previously? Yes No

Have you any friends/relatives employed at DeCare Dental Operations 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		

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: _____

Name of Employer: _____ Your Job Title: _____

Address: _____ Start Date: _____ Finish Date: _____

_____ Final Salary: _____

Tel. No. _____ Reason for Leaving: _____

Duties: _____

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 Operations 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 Operations 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 Operations Ireland, Ltd.

(Signature of Applicant)

Date