SHAWS DEPARTMENT STORES

Staff Application Form

Please complete in BLOCK CAPITALS.

First Name: …….…… **Surname:** ……..……..……

Home Address: ……..……..…..

…….….. **Email:** ……..……..…….

Home Phone: …….……. **Mobile Phone:** ……..……..

PPS Number: …….…….

Are you an Irish/UK citizen or do you hold an EU Passport? Yes ☐ No ☐

Are you Under 16? Yes ☐ No ☐ **Over 65?** Yes ☐ No ☐

Are you currently attending school or college? Yes ☐ No ☐

Would you like to work: Full Time Hours ☐ Part Time Hours ☐

Are you available to work any day, Monday to Sunday? Yes ☐ No ☐

If no, please detail ……..……

If seeking full time hours:
Will you <u>only</u> accept a full time position? Yes ☐ No ☐

EDUCATION

School / College	Years		Examinations Taken	Results
	From	To		
Secondary				
Third Level				
Other				

PRESENT AND PREVIOUS EMPLOYMENT DETAILS

List present/most recent employment first. All previous employment, since leaving full-time education, must be included. Use a separate page, if necessary.

Dates		Name, Address & Telephone No. of Previous Employers	Position Held	Rate of Pay
From	To			

Are you currently in paid employment? Yes ☐ No ☐

Have you previously sought employment with our company? Yes ☐ No ☐

If so, when? ……

HEALTH

Have you any serious disability and/or record of recurring illness? Yes ☐ No ☐

If yes, please detail ……

Have you ever sought medical advice/received treatment for back problems? Yes ☐ No ☐

If yes, please detail ……

Have you ever suffered an occupational injury that necessitated your absence from work? Yes ☐ No ☐

If yes, please detail ……

PASTIMES / HOBIES / INTERESTS

……..……..

……..……..

……..……..

REFEREES

These should be people with whom you have had a business relationship, ideally a present / former manager or someone to whom you reported.

1.

Name: ……..

Address: ……..

……..

……..

Phone: ……..

Position: ……..

How referee knows you: …….

…….

2.

Name: ……..

Address: ……..

……..

……..

Phone: ……..

Position: ……..

How referee knows you: …….

…….

Have you ever been convicted of a criminal offence? Yes ☐ No ☐

If yes, please give details ……

DECLARATION

I agree that Shaws Department Stores are at liberty to contact any former employers for references about me. I accept that communications between Shaws Department Stores and any former employers are privileged and will not be disclosed to me under any circumstances.

I certify that I have completed this form fully, without omissions, and that all of the information, which I have given, is accurate and true in all respects. Any other supporting documentation that I have may have submitted, including any CV, are also true in all respects.

I understand that any false information or deliberate omissions may lead to the termination of any employment that I may obtain with the company.

Signed: …… **Date:** ……..