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| **1. Name *(Block Letters)*:**  |
| **2. Address:**  |
| **3. Date of Birth:**  | **4. PPS Number:**  |
| **5. Mobile Phone No.:**  | **6. Email Address:**  |
| **Please ensure you include your email address as this will be the main form of contact in relation to your application.**  |
| **7. Education Standard Attained:**  |
| **8. Give particulars of past and present employment**  |
| **Firm:**  | **Address:**  |
| **Employed as:**  | **From:**  | **To:**  |
| **Reason for leaving:**  |
| **Firm: Address:** |
| **Employed as:**  | **From:**  | **To:**  |
| **Reason for leaving:**  |
| **Firm: Address:** |  |
| **Employed as:**  | **From:**  | **To:**  |
| **Reason for leaving:**  |
| **9. Give names and contacts of two people not related to you and to whom reference as to character may be made**  |
| **Name:**  | **Contact:**  |
| **Name:**  | **Contact:**  |
| **10. Have you ever met with an accident, or received compensation under employer’s liability, or suffered from an industrial disease?** **If yes, give particulars**  |
| **11. Have you ever had any serious illness or operation?** **If yes, give particulars**  |
| **12. Have you ever been convicted of an offence?** **If yes, give particulars**  |
| **13. Have you ever been involved in a traffic accident(s) for which you were held responsible?** **If yes, give brief outline of accident(s)** **Page 2** |
| **14. Do you hold a current Driving Licence?** **If yes, state category of licence.** **(Please attach copy)**  |
| **15. Have you ever been disqualified by a Court from holding a Driving Licence or a Provisional Driving Licence?** **If yes, state** **(a)Reason** **(b) Period of disqualification** **(c) Date of disqualification** **(d) Court**  |
| **15a. Have you previously obtained Garda Vetting?** **If yes, please attach copy.****If No, are you willing to undergo Garda Vetting for the purpose of this employment?**  |
| **16. Has a Court ever made an order requiring the endorsement of your Driving Licence or a Provisional Driving Licence?** **If yes, state** **(a)Reason** **(b) Period of endorsement** **(c) Date of endorsement** **(d) Court**  |
| **17. Have you ever been refused motor insurance cover? If yes, give outline of the circumstances.**  |
| **18. Have you ever lost your motor insurance no claims bonus? If yes, give outline of the circumstances.**  |
| **Additional information as to education, trade qualifications or experience.**  |
|  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any false statement will debar the applicant from employment, or if already employed, will render him/her liable to dismissal.**

**Cronin’s Coaches Ltd is an Equal Opportunities Employer.**

**Applications to be forwarded to: John Quirke, Transport Manager, Cronin’s Coaches Ltd,**

**Shannon Buildings, Mallow Road, Cork.**

**Or email john.quirke@croninscoaches.com**