

Human Resources Confidential

Employment Application (Stage 1)

This form must be completed in one sitting. If you leave this form, all of the data that you have entered will be lost.

Personal Information

Last Name: _____

First Name: _____

Address: _____

City: _____

County:

Eircode: _____

Phone: _____

E-mail Address: _____

Are you an Irish citizen? Yes No

If no, do you hold a current Work Permit? Yes No

Please indicate the position(s) that you are applying for/ interested in:

Emergency Medical Technician
 Paramedic
 Advanced Paramedic
 Dispatcher

Indicate Company Bases that you reside LESS than 45 minutes from:

Dublin
 Cork
 Kilkenny
 Sligo
 Tralee
 Letterkenny

PHECC Registration Pin: _____

Clinical Education - You MUST complete the information under PHECC RI for qualifications achieved in Ireland OR under Other for those achieved outside Ireland:

Qualifications Obtained in Ireland:

PHECC Recognised Institute Attended: _____

Date Commenced Training: _____

Date Completed Training: _____

PHECC Examination Number: _____

Qualifications Obtained Outside Ireland:

Institution Name: _____

Full Institution Address: _____

Date Commenced Training: _____

Date Completed Training: _____

Date awarded Equivalence by PHECC: _____

You MUST hold the certificates listed under "Required" and you need to attach copies of the certificates using the Attach Files section at the bottom of this form. IF you hold any of the certificates under "Optional", you should also attach them.

<p>Required:</p> <p><input type="checkbox"/> PHECC Registration</p> <p><input type="checkbox"/> CPG 2017 Upskilling</p> <p><input type="checkbox"/> Drivers Licence (must be held for 2 years minimum)</p> <p><input type="checkbox"/> Patient Handling Certification</p> <p><input type="checkbox"/> Cardiac First Response - Advanced</p> <p><input type="checkbox"/> Hepatitis 'B' Inoculations</p> <p><input type="checkbox"/> Children First eLearning Certificate (see TUSLA Website)</p>	<p>Optional:</p> <p><input type="checkbox"/> ESDS (Level 1)</p> <p><input type="checkbox"/> ESDS (Level 2)</p> <p><input type="checkbox"/> ESDS (Level 3)</p>
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Instructor Qualifications:

If you have any Pre-Hospital, Healthcare or Safety Health & Welfare at Work Qualifications, and would be interested in teaching with us, please list them here:

Name of Qualification(s) and expiry dates

Previous Employment (1) - (Most Recent First)

Company: _____ Phone: _____
 Address: _____ Job Title: _____
 Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes
 No

Previous Employment (2)

Company: _____ Phone: _____
 Address: _____ Job Title: _____
 Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes
 No

Previous Employment (3)

Company: _____ Phone: _____
 Address: _____ Job Title: _____
 Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes
 No

References (Please list two Referees. Avoid submitting two Referees from the same organisation).

Reference A:
 Referee's Full Name: _____
 Referee's Contact Number: _____ Are you related to the Referee?: _____
 Company: _____
 Address: _____

Reference B:
 Referee's Full Name: _____
 Referee's Contact Number: _____ Are you related to the Referee?: _____
 Company: _____
 Address: _____

General Data Processing Regulations:

I understand and agree to the Company using the above personal information to process my application for employment. I understand and accept that the Company may contact my previous/current employers (unless I have indicated NO in the box provided). I also accept and understand that they will contact my Referees directly and carry out checks to ensure the validity of any information or certificates I have provided as part of this application process. I also accept and understand that the company will delete any and all personal records created as part of my application 6 weeks after the next Induction Process for successful candidates is completed

Please indicate your understanding and acceptance of the above by typing YES below:

I agree to the Terms and Conditions outlined to me above: _____

Curriculum Vitae attached:

Yes No

Attachments
[Add File](#)

Max Total Size: 512MB

Submit Form