

# **Dorgan's Travel & Property Group**

## **Newry & Dublin**

Established 1961

*Human Resources Department*

### **Employment application form**

Please complete all sections in BLOCK CAPITALS

**PERSONAL INFORMATION**

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

PPS/ NI NUMBER: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_ Home Address (if different): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Numbers: Mobile \_\_\_\_\_ Land Line: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**EDUCATION**

DATES ATTENDED:		Name & Address of School / College / Technical / FAS / University attended:	Subject studied/Qualification(s) obtained:
FROM:	TO:		

**Human Resources Department**  
 Old Coach House, 36a Wasdale Park, Bushy Park Road, Terenure, Dublin 6, Ireland  
 Tel: 0861 780051 Int.: +353 861780051, Fax: 01 4569768 Int. +353 1 4569768 Text: 0861 780050 Int.: +353  
 861780050  
 Email: [info@dorgans.com](mailto:info@dorgans.com) Website: [www.dorgans.com](http://www.dorgans.com)

Position applied for \_\_\_\_\_

If you apply for Bus Driver job, please enclose a copy of your driving license(s)

Location \_\_\_\_\_

Please indicate the type of contract for which you are applying?

Full-Time Part- (16 hours +)  Time  Weekend  Evenings  Temporary

If not Full-Time please indicate the hours you would be available throughout the week on the table below.

	M	T	W	T	F	S	S
AM							
PM							

How many hours would you be prepared to work per week Maximun \_\_\_\_\_ Minimun \_\_\_\_\_

How did you hear about the vacancy?

Our Website  Job Centre  Press (please state publication) \_\_\_\_\_

Fas website  Word of mouth  Other

**Emergency Contact (Preferably Next of Kin)**

Name.....

Address.....

.....

Relationship.....

Tel No:.....

Work.....

Current Driving Licence (Tick Box)	None	Prov.	Ordinary	Bus/Coach		Car	Clean	Endorsed
				D	D1			

**YOUR WORK EXPERIENCE**

Period Worked		Name & Address of Employer	Job Title & Main Responsibilities	Salary	Reason for leaving
From	To				

**YOUR WORK EXPERIENCE**

<b>Period Worked</b>		<b>Name &amp; Address of Employer</b>	<b>Job Title &amp; Main Responsibilities</b>	<b>Salary</b>	<b>Reason for leaving</b>
<b>From</b>	<b>To</b>				

**REFERENCES/REFEREES** (one of whom should be a previous employer)

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Completion of this section is compulsory. The information you provide will be used to seek references from your previous employers, if an offer of employment is given. If you have not been employed in last five years please provide the following details of two people to whom you are not related that we can contact for a character reference.

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**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

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**1. Do you have a PSV Licence?** \_\_\_\_\_

**2. Do you have a Tachograph Card?** \_\_\_\_\_

**TRAINING**

Please give details of training received of courses attended which you feel are relevant to your application

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

**WORKING IN THE IRELAND & U.K**

If you are not a Irish or an EU National, do you have a valid work permit?

YES

Please attach a photocopy

NO

Not Applicable

**ADDITIONAL INFORMATION**

Have you been convicted of a criminal offence that is not regarded as spent under the Rehabilitation of Offenders Act 1974?

YES  NO

If YES, please give details

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Have you ever been dismissed by a former employer?

YES  NO

We would urge you to be entirely honest. Any previous discrimination will not necessarily prejudice your application

**For a driving application form only**

**ASSESSMENT OF YOUR DRIVING SKILLS** (please rate your skill level in each of the following driving areas by inserting one of the following numbers opposite the items listed below: **1=BASIC, 2=INTERMEDIATE, 3=ADVANCED**)

<b>DRIVING SKILL:</b>	<b>YOUR RATING:</b>
Observation & Mirrors	
Gear Management	
Signal Usage	
Reversing	
Brake Usage	
Towing a Trailer	
Vehicle Cleanliness	
Knowledge of Dublin City	
Knowledge of County Dublin	
Knowledge of Ireland	

**Do you have your own transport?**

Bike     Car     Motorbike

**INTERESTS & HOBBIES** (please give details of any particular achievements)

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**PLEASE DETAIL BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT TO YOUR APPLICATION:**

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**MEDICAL HISTORY**

Do you consider yourself to be disabled?                      YES                       NO

If YES, please give details of any adjustments to enable you to complete fairly for this job.

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**(DRIVING APPLICATION ONLY)**

**Please confirm if you have any of the following qualification CPC Training Module**

- Control of Vehicle and Eco Driving Techniques (CVEDT)
- Minimising Risk and Managing Emergencies in the Transport Industry (MRMET)
- Health and Safety of the Professional Driver (HSOPD)
- Role of the Professional Driver in the Transport Industry (RPDTI)
- The Professional Truck Driver (for truck drivers only) (PROTD)
- The Professional Bus Driver (for bus drivers only) (PROBD)

**OVERTIME / SHIFTS**

Would you be prepared to work overtime on a regular basis if required?

**YES / NO**

Would you be prepared to work shifts on a regular basis if required?

**YES / NO**

**HOLIDAYS / COURSES BOOKED**

Please give details / dates of any holidays and / or training courses you have already booked or are currently studying.

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Dorgans Travel & Property Group is committed to equality of opportunity in employment. The company does not discriminate on the grounds of community background, race, colour, nationality, ethnic or national origin, disability, sex, marital status or sexual orientation in the recruitment, selection, promotion and employment of all staff.

Within Northern Ireland we are further committed to ensuring the fair participation in employment for people of all communities backgrounds. This means that we will ensure that job applicants and employees will not be discriminated against on the grounds of their religious belief or political opinion.

To effectively monitor this, in line with the Fair Employment (Monitoring) Regulations (Northern Ireland) 1999 Act, we need specific information from you and ask that you complete the section below. This information is treated confidentially and will not be used for any other purpose and will be held separately from your Personal details. It is not compulsory to complete this section, however it is a criminal offence to give false information.

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<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Other	<input type="text"/>	<input type="checkbox"/> Female	<input type="checkbox"/> Single
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Married
<input type="checkbox"/> Indian	<input type="checkbox"/> White	<input type="checkbox"/> Other (please specify)	<input type="text"/>		

To comply with the Fair Employment (Northern Ireland) Monitoring Regulations 1999, please tick the community background to which you belong.

\* Only use the section if you are applying for job zone

<input type="checkbox"/> Protestant	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Neither Protestant nor Roman Catholic*
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\*If you do not complete this form we are encouraged to use the “residuary” method which means that we can make a determination on the basis of personal information on file/application form.

IN ORDER TO ENSURE COMPLETE CONFIDENTIALITY PLEASE SEAL UPON COMPLETION OF ALL RELEVANT SECTIONS

**HEALTH DETAILS**

Are you willing to undergo a medical examination ? **YES / NO**

Are you a registered disabled person ? **YES / NO**

Please tick the appropriate boxes below relating to past and present state of health.

<b>Have you ever or do you currently suffer from any of the following:</b>	<b>YES</b>	<b>NO</b>
Dermatitis Or Any Other Skin Disorders ?		
Epilepsy, Fainting Attacks Or Blackouts ?		
Palpitations, Shortness Of Breath, Chest Pains, Raised Blood Pressure Or Any Other Ailment Of The Heart Or Circulatory System ?		
Depression, Anxiety State, Nervous Illness Or Breakdown ?		
Any Ailment Of The Lung Or Chest (e.g. Asthma) ?		
Any Vision Or Hearing Defects ?		
Diabetes, Anaemia Or Any Blood Or Gland Disorder ?		
Varicose Vein or Rupture ?		
Rheumatism, Arthritis, Gout, Backache, Disc Trouble Or Rheumatic Fever ?		
Broken Or Fractured Limbs ?		
Head Or Eye Injuries ?		
Any Other Illness Not Mentioned ?		

If you answered YES to any of the above, please give details.  
 .....  
 .....

How many days have you been absent from work due to illness or injury during the last two years ?  
 (Be as accurate as possible).

No. of Days..... Reason for absence:.....

**DECLARATION:**

I declare that the answers and particulars given by me are to the best of my knowledge true in every detail. I understand that deliberate omissions or false, misleading information may lead to termination of any employment undertaken.

Signature \_\_\_\_\_

Date

\_\_\_\_\_