

# Appendix 1

## EXTERNAL APPLICATION FORM

IBTS is an Equal Opportunities Employer

### NOTES

1. Please return completed form to the address and by the date shown in the advertisement. (Late applications will not be considered.)
2. Complete ALL SECTIONS.
3. Read the declaration at the end of this form, which must be signed.
4. Use **only BLOCK CAPITALS** for Section 1.

<b>Position Applied For:</b>		<b>Reference Code:</b>	
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### 1. Personal Details

<b>SURNAME:</b>		<b>FIRST NAME(S):</b>	
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<b>TELEPHONE NUMBERS:</b>	<b>State current Driving Licence Classes:</b>
Home:	
Office:	

<b>HOME ADDRESS:</b>	
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<b>DATE OF BIRTH:</b>	
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<b>PRESENT TITLE:</b>	
<b>DATE APPOINTED TO THAT POSITION:</b>	

### 2. Health

It is IBTS policy to carry out pre-employment medical examinations prior to the appointment of a candidate to any post within the organisation. Please tick the box below indicating you are aware of this policy.

Yes

### 3. Employment Record

(a) Please enter below, in reverse order (starting with your current job), full particulars of all previous positions.

DATES		Name and Address of Employer	Position Held and Main Duties and Responsibilities	Reason for Leaving
From	To			

(b) Please give details below of any previous applications you have made for jobs in IBTS.

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**4. Education Record**

Secondary/Vocational School	Date from	Date to	
Examination Sat (e.g. Leaving, Junior Cert)	Subject	Higher/Ordinary Paper	Grade Achieved

**Academic/Professional Qualifications**

Degree(s)/Qualification(s) held	Grade and Class	Subjects in final examination	College/ Conferring Body	Year Conferred

**Relevant Training Programmes**

**5. Additional Information**

Do you have relevant experience? Give details.

Please say what interests you about the job for which you are applying and why you think you are suitable.

## 6. Employer Referees:

Please outline the details of two Employer Referees below.

Company Name of Employer	Contact Name and Position	Contact Address and Telephone Number

## 7. Declaration

I declare that the information contained in this form is true and correct without omission. I understand that this form will be placed on file and I recognise that, if my application is successful, any misinformation or omissions will render me liable for disqualification from this competition and any future competitions.

I also acknowledge that I am aware that in entering this competition I may be subject to ability test(s) and/or an occupational personality questionnaire which will be used in strict confidence for the sole purpose of providing information to assist in the selection process and that this information will not be used for any other purpose.

Signature of Applicant:

Date:

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**\*The IBTS is an equal opportunities employer**

**\*Canvassing will disqualify applicants**