

Head Office
Ballybrit Business Park
Ballybrit
Galway



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Application for Employment

At Supermac's we believe in providing our customers with the best quality food, service and value, delivered by a friendly, motivated team in a clean, welcoming environment unique to the company.

PERSONAL DETAILS

Full Name: _____

Current Address: _____

Home Address: _____

Contact Tel#1: _____ Contact Tel#2: _____

Are you aged between 18-65?: _____ If under 18 please supply date of birth: _____

Have you ever been convicted of a criminal offence: _____

If yes – please supply full details: _____

MEDICAL INFORMATION

Name, address & telephone number of who to contact in the case of an emergency?

Family Doctor's name & address: _____

Do you suffer from any of the following?

Skin disorders: _____ Epilepsy or Blackouts: _____ Poor Eyesight/colour blindness: _____

A persistent cough: _____ Ear/Nose/Throat infections: _____ Back problems/strain: _____

Have you suffered from Diahorrea or vomiting, which lasted for more than 24 hours in the last year? _____

Have you suffered from any illness which required hospitalization or medical treatment in the last year: _____

If yes, give details: _____

As lifting duties will be necessary, have you suffered from back pain or injury now or in the past? _____

If yes give details: _____

Have we your permission to contact your doctor to ascertain your suitability for working with fast food? _____

EDUCATION

Secondary: _____ From: _____ To: _____ Exams taken and results: _____

Third level: _____ From: _____ To: _____ Exams taken and results: _____

Further Education/Training: _____

JOB APPLICATION

Position Applied for: _____

Full time/Part time: _____

What branch would you prefer to work in? _____ When can you start: _____

Non EU Nationals, please state which stamp no. is on your GNIB Card: _____

Please fill in the hours you are available to work:

Days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Have you worked for Relish/Supermac's before? _____ From: _____ To: _____

If yes – please supply contact name and Tel No.: _____

Have you any friends working for the company? _____

Why are you interested in this position? _____

EMPLOYMENT RECORD – Most Recent First

1. Current/Last Employer _____ Contact Name: _____

Address _____ Telephone: _____

Dates of Employment: From _____ To _____

Duties/ Responsibilities: _____

Reason for leaving? _____ Rate of Pay: _____

2. Current/Last Employer: _____ Contact Name: _____

Address _____ Telephone: _____

Dates of Employment: From _____ To _____

Duties/ Responsibilities: _____

Reason for leaving? _____ Rate of Pay: _____

REFERENCES

1. Name: _____

2. Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Tel No: _____

Tel: No. _____

DECLARATION

Any deliberate false statement or omission in any of the foregoing will render this application and any subsequent contract invalid and employment will be terminated

I declare the answers and particulars given by me are to the best of my knowledge true in every detail. I understand that if any particulars are found to be false within knowledge I shall be liable to instant dismissal.

Signature: _____ **Date:** _____**FOR OFFICE USE ONLY**

Interviewers Name: _____ Date: _____

Please circle as appropriate: JOB OFFER 2nd INTERVIEW HOLD ON FILE REGRET