

Casual employment application form

Name:	
Home Address:	
Eircode:	
Date of Birth: (Must be 18+)	DD MM YYYY
Contact number:	
Email Address:	
Position Applying For:	
Position Location:	

Please answer all the questions below by ticking (✓) the appropriate cell.

	YES	NO
Have you worked in An Post before?		
If yes, please confirm the location that you last worked in:		

Please indicate in the following cells what shift pattern will suit you best:

Day Shift		
Evening Shift		
Night Work (i.e. between 12 midnight and 7.00 am)		
Weekend work only		
When are you available to start?		
What is your boot size for PPE?		
Do you hold a valid driving license?		
If so, what category is your license?		

Legally employable

You must be legally entitled to reside and to work 37.5 hours per week in this state.

Do you need a work permit and/or visa to live or work in Ireland?		
If you answered "Yes" then please confirm the type of visa you need:		
Please include the expiry date of your visa:		

Security (if previously employed by An Post)

Have you been convicted of a criminal offence or have you ever been the subject of police investigation, police caution or other legal proceedings which if known to An Post would reasonably give rise to concerns as to your suitability for employment since you were last employed by An Post:		
If you answered "yes" please provide further details below.		

Casual fitness declaration

Please answer all the questions below by ticking (✓) the appropriate box. No clinical details are required.

Do you have or have you had a difficulty with any of the following:

	YES	NO
(a) Standing		
(b) Lifting		
(c) Communicating with people		
(d) Walking		
(e) Shift work		
(f) Night Work (i.e. between 12 midnight and 7.00 am)		
(g) Wearing of safety boots		

Do you have a history of neck, knee or back trouble, disc prolapse?		
Are you taking any medicine which may interfere with your ability to drive, ride a bicycle and work safely with machinery?		

If you indicate yes to any of the above, please complete a 'Pre employment Health Declaration form' which can be obtained from the HR Dept. and send the completed form directly to the CMO, Occupational Health & Support, GPO, Dublin 1, in the confidential envelope provided.

Declaration

I DECLARE that the information I have given for this Fitness Declaration is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statements and that if I suppress any information that my employment may be terminated.

Data Protection

I consent to the Company using personal data, including sensitive personal data as defined by the Data Protection legislation, supplied by me or obtained by third parties, for the legitimate purpose required to administer my application for employment in An Post.

Name:	
Signed:	
Date:	DD MM YYYY

Internal use only:

An Post Internal Processor:	
Signed:	
Date:	DD MM YYYY