

## STAFF APPLICATION FORM

Personal Details First Name:	Surname
Address:	
Home Telephone No:	Moblie Telephone No:
Email:	
Use of your own car?: Do you have Garda Clearance form? Do you have up-to-date First Aid certification?	Yes No Yes No Yes No
Teaching Experience	
Qualification: Year Qua	lified: College:
Present Employment:	
Are you familiar with	
HTML App Inventor Sketch-Up Animation Software	Scratch
Referees 1.Name: Position	Held: Tel:
2.Name: Position F	Held: Tel:
Additional Information  Number of weeks available to work:	Dates available to work:
Preferred area of country for work:	
a written reference from a Principal o	form, together with a passport sized ng your teaching experience and IT skills f a school you have taught in, a copy of on and any other relevant information to
Signed:	Date:

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