

Boyle Family Resource Centre CLG

Application Form

Post: Financial and Clerical Officer

Please fill out form clearly and in block capitals.

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Education Details

Starting with the most recent, list all Certificates, Diplomas, Degrees or higher education and specify date of attainment.

Course Title	College	Year	Full/Part Time



Applications to be returned by email to manager@boylefrc.ie or by post or hand to Recruitment Coordinator, Boyle Family Resource Centre, Knocknashee, Boyle, Co. Roscommon before noon 14th May 2021



Starting with the most recent please list any other non-accredited courses and specify date of attainment.

Course Title	Training Organisation	Year	Duration

Memberships- Please list all Professional Bodies, Voluntary and Community Sector Organisations/Bodies etc.

Name of Professional Body	Year of Membership



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Current Employment

From	To	Name and Address of Employment	Job Title

Main Responsibilities, Significant information, Salary, other relevant information-



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Previous Employment Record, please start with most recent and use additional paper if required.

From	To	Name and Address of Employment	Job Title
Main Responsibilities, Significant information, Salary, other relevant information-			

From	To	Name and Address of Employment	Job Title
Main Responsibilities, Significant information, Salary, other relevant information-			



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From	To	Name and Address of Employment	Job Title
Main Responsibilities, Significant information, Salary, other relevant information-			

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Main Responsibilities, Significant information, Salary, other relevant information-			



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Please outline why you feel you are suited for this post?

Please outline any other supporting information that you consider would be relevant to your application for this post.

Do you hold a current full driving license (please circle)

YES

NO



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Please indicate when you would be in a position to take up this post should you be successful: _____

Any other information	

References: Please give details of two references who would support your application

Name		
Position in Organisation		
Address		
Telephone		
Email		
Permission to contact Referee		

Signed: _____

Date: ___/___/20___



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