Loreto Sisters

Application & Vetting Verification Form

Name of Applicant: …………………………………………………………

Former Name (if any): …………………………………………………………

Address of Applicant: …………………………………………………………

Phone No/s: …………………………………………………………

Application Form:
Name of job applied for: …………………………………………………...

Application checked by: …………………………………………………...

Date of check: …………………………………………………...

Identity: (original document)
Type of ID supplied – Group 1: …………………………………………………

Type of ID supplied – Group 2: …………………………………………………

ID checked by: …………………………………………………

Date of check: …………………………………………………

Checking of References (where applicable):
Name of 1st referee: …………………………………………………

Reference checked by: …………………………………………………

Date of check: …………………………………………………

Name of 2nd referee: …………………………………………………

Reference checked by: …………………………………………………

Date of check: …………………………………………………

Verification of Declaration Form (where applicable):
Declaration checked by: …………………………………………………..

Date of check: …………………………………………………

Garda Vetting:
Name of job applied for: ………………………………………………...........

Reference no. and date of check: ………………………………………………...........
Decision to employ: Yes   □   No   □

Received by: ……………………………………….. (employer)

Date received: ………………………………………………...........

Date the above volunteer ceases employment: …………………………………………….

Signed: ………………………………….   Date: …………………………………….