

Contracts of Employment

Employee Details Please complete form using BLOCK CAPITALS and mark X in the relevant box

Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/>
First Name & Middle Name (if applicable)	
Surname	
Address (Including Eircode)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (optional)	____ / ____ / ____
E-mail Address	
Home Telephone Number	
Mobile Telephone Number	
Does the employee speak English?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Details

Job Title	
Job Description Will be appropriate to attach a separate document	

Pay

Rate of Pay	€ _____
Per if other please specify	Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Daily _____ Other _____
Payable if other please specify	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Method of Payment	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Transfer <input type="checkbox"/>
Any additional information e.g. what day payment is made	

Dates and Places

Date of commencement with this employer	_____ / _____ / _____
Date of this Contract If different to Date of Commencement	_____ / _____ / _____
Commencement of period of continuous employment This is only relevant where a company was acquired by another company	
Length of Probation Period	
Place of work, if different to employer's main address	
Required to drive as part of the job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the employee be required to work elsewhere	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the employee be working outside the state for more than 1 month?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide details:

Contract Type

Contract Type	Permanent <input type="checkbox"/> Fixed term <input type="checkbox"/> Specific Purpose <input type="checkbox"/> Indefinite Duration <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/>
If Fixed Term, what is the expected termination date?	
If Specific Purpose, what is purpose? And what is the expected termination date? e.g maternity cover	
If Temporary, what is the expected length of service?	

Hours Worked

Number of hours per week.	
Normal Weekly Start/ End Day e.g. Monday to Friday	Start Day: _____ End Day: _____
Start Time (if Fixed)	
End Time (if Fixed)	
Any expectations to normal working hours?	
Shift Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
Causal Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
Include details of shift/casual work pattern	
Are there any Collective Agreements in place?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes provide details:

Overtime, Holidays, Other Pay

Is overtime paid or unpaid?	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
Details of overtime payments or any other remuneration packages	
Is accommodation provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide details:
Annual Leave	_____ Hours / Days
Annual Leave Year	From: _____ To: _____
Is there a company sick pay policy?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes provide details:

Breaks

Are rest breaks paid or unpaid?	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>
Length of Break	_____ Minutes / Hours
Details of breaks and/or compensatory breaks	

Notice Requirements on Termination

Minimum notice the employee is required to give the employer of their intention to leave	_____ Days / Weeks
Minimum notice the employer will give the employee of termination of employment	_____ Days / Weeks
Should only Statutory Notice Periods apply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the event of termination, may the employee be paid in lieu of notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Miscellaneous

What is the least number of sick days for which an employee must give you a doctor's certificate?	_____ Days
Minimum required notice if an employee is unable to attend work on any day? In cases of emergency, not planned	_____ Hours
Details of how the individual should notify the Company (optional)	
Retirement Age (optional)	
Is there a pension scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes provide details:

Additional Information

There are a number of additional clauses that you might wish to add to particular employment contracts. Please complete the following indicating if you want to include their sections:

	Yes	No
Garden Leave		
Acceptance of Gifts		
Confidential Information		
Expenses		
Deductions of Wages		
Company Car		
Confidential Agreement		
Night Work		
Double Employment		
Car Allowance		
Sunday Premium		
“Zero-Hours” Contract		
Meal Allowance		
Right to Search		
Mediation		
Lay-Off/Short-Time		
Casual Contract Content		
Post Termination – Restrictive Covenants		