

EMPLOYEE COMMENCEMENT FORM

Please complete all sections below in BLOCK CAPITALS ensuring that the form is filled in completely and accurately. Note that failure to complete the form in full or supplying inaccurate information can result in a delay in payment of remuneration. Completed signed forms should be returned to the School/College/Head Office office as soon as possible.

Post Title:			
School/College/Centre:			
Title (Dr/Mr/Ms/Fr/Sr):			
Forename*:		Middle Name*:	
Surname*:		Known As**:	

**Your CETB email account will be a combination of your forename/surname unless you specify a different name in the 'Known As' field, in which case it will be a combination of known as/surname. The first initial of your middle name may be required to ensure a unique email address is created.*

***Please note that nicknames should not be entered in the 'Known as' field.*

Address for correspondence:			
PPS Number (see proof of PPS requirements on Page 3):			
Nationality:			
Work Permit/VISA Required?	Yes:		No:
Phone No:		Mobile:	
Gender:	Male:		Female:
Email Address (personal): ***			

**** Please note that once you are set up as an employee of CETB, you will be assigned an official CETB email address and all future correspondence will issue to the corporate email address, not your personal email address. (Staff engaged on a short-term casual basis may not be issued with a corporate email address initially and will be contacted on their personal address if necessary)*

Date of Birth: (dd/mm/yyyy)			
Proposed Commencement Date:			

PAYMENT DETAILS (Paypath)

Name of Bank/Building Society & Address:												
BIC:												
IBAN:												

EMPLOYMENT HISTORY

Have you previously worked with CETB?	Yes:		No:	
If yes, please provide your employee number if known				
Post Held:				
Year last employed with CETB:				
School/College/Centre Name:				

EMPLOYMENT HISTORY			
Are you currently on Leave of Absence from a Public Sector Employer?	Yes:		No:
	Scheme (if applicable):		
	Start Date of Leave (if applicable):		
Have you availed of any Redundancy/Early Retirement Scheme?	Yes:		No:
	Scheme (if applicable):		
	Date of Entry (if applicable):		
NEXT OF KIN DETAILS			
Surname:			
Forename:			
Address:			
Relationship:			
Phone No:			
		Name	Date of Birth
Dependants: (under 18 or under 21 if in full-time education)			

ACKNOWLEDGEMENTS AND DECLARATIONS *(Please tick each section to confirm)*

Remuneration

I hereby acknowledge that:-

- My remuneration will be paid into my bank account fortnightly
- It is my responsibility to return completed timesheets each week/fortnight as applicable, by the agreed deadline to the nominated person in the School/College/Centre. Timesheets should not be held for hours to accrue. I accept that failure to comply with this may result in non-payment of salary.
- I undertake to repay any payments lodged to my Bank Account to which I am not rightfully entitled.
- I acknowledge that it is my responsibility to provide the HR Dept. with evidence of Public Sector employment prior to 1st January 2011 in order to determine if New Entrant rates of pay apply. Payment at this rate of pay will only be applied once evidence has been submitted.
- I acknowledge that it is my responsibility to notify the HR Dept. of any changes pertaining to the above information.
- I declare that all of the above information is both true and accurate and I accept that my employment may be terminated should the contrary prove to be the case.
- If GV is required for your post, I acknowledge that failure to complete a Form of Undertaking and provide proof of identity prior to, or on the first day of appointment before commencing, may result in the offer of appointment being withdrawn.

I declare that all information from me in relation to the above is both true and accurate.

Signed: _____ **Dated:** _____

Print Name: _____ **(BLOCK CAPITALS)**

IMPORTANT INFORMATION FOR NEW APPOINTEES
PLEASE READ CAREFULLY

PPS Number:

To comply with Audit Regulations, it is necessary for us to ensure that all PPS numbers submitted are valid. A copy of any one of the following documents will suffice:

- A notice of tax credits and standard rate cut-off point in respect of a previous employment
- Statement of Liability (end of year statement) from Revenue.
- A Social Public Services card or PPS Registration Letter issued by the Department of Social Protection.
- Any other items of correspondence from Revenue, which specifically quotes your PPS number
- A Payslip from a previous employer which shows your PPS Number.

Tax Details:

- Please contact the tax office on 1890 222425. The PAYE registration number for Cork ETB is 3185254WH. Please be sure to quote your PPS number. You need to get a “certificate of tax credits and cut off point” relevant to the current tax year for the Cork ETB. The tax office will advise you further.
- Please remember that all new employees are put on emergency tax, and if you do not get your tax affairs in order, this will result in you paying 40% tax on all your earnings within 4 weeks of starting employment.