

# WICKLOW COUNTY COUNCIL – APPLICATION FORM

## COMHAIRLE CHONTAE CHILL MHANTAIN – FOIRM IARRATAIS



County Buildings,  
Wicklow Town,  
Co. Wicklow  
A67 FW96

### APPLICATION FOR THE POST OF:

**REF: 11/2022 - PART-TIME RETAINED FIRE FIGHTER – BLESSINGTON FIRE BRIGADE**

**CLOSING: 12.00 noon on Thursday 28<sup>th</sup> April, 2022.**

**Notes:** Please return **FOUR APPLICATION FORMS** (one original plus three copies) to: Director of Services, Enterprise & Corporate Services, Wicklow County Council, County Buildings, Wicklow before the closing date of **Thursday 28<sup>th</sup> April – 12 noon**

1. **Please read attached documentation carefully before completing.**
2. **Do not** attach any C.V.'s or related documents with this form.
3. It is recommended that forms are typed and not hand written.
4. Interviews may be held by online process through Microsoft Teams.
5. Before you return the form, please ensure the following:
  - (a) You have completed all sections and that you fulfil all the requirements set out in the Qualifications for the office.
  - (b) You have read the declaration at the end of the form and have signed your name as consent to same.
6. Please note that you may be asked to provide evidence of the National Framework of Qualifications level of your qualifications and copy of certificates verifying qualifications. The onus is on the candidates to establish eligibility in this application form.
7. Please note that applicants may be shortlisted on the basis of the information supplied on this application form.
8. Canvassing by or on behalf of the applicant will automatically disqualify.
9. Applications received after the closing time/date will **not** be considered.
10. Queries may be made to the Human Resources Section, Wicklow County Council, County Buildings, Wicklow or by telephone on 0404-20159 or email [recruitment@wicklowcoco.ie](mailto:recruitment@wicklowcoco.ie)

WICKLOW COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER

### SECTION A – PERSONAL DETAILS

Surname:	Forename(s):
Address:  (Notify at once in writing any change)	Home Telephone:
	Work Telephone:
	Mobile Tel Number:
Eircode:	Email address:

Surname:	Forename(s):
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**SECTION B – EDUCATION, QUALIFICATIONS and TRAINING**

**GENERAL EDUCATION:**

Dates		Name of School (s)	Examinations Taken	Subject	Results
From	To				

**ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS:**

Dates		University, College or Examining Authority	Qualification Obtained	Level in the National Frameworks of Qualifications	Year Qualification Obtained	Final Year Examination Subjects
From	To					

Surname:	Forename(s):
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**RELEVANT TRAINING /COURSES (OPTIONAL):**

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<b>SECTION C – EMPLOYMENT RECORD</b>
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Please give below, in date order (**starting with your current employer**) full details of all employment between the date of leaving school or college and the present dates. Please do not leave any period between these dates unaccounted for. If necessary, continue on a separate sheet, setting out the information in the same manner as below.

<b>Employer:</b>		<b>Dates:</b>	
		<b>From</b>	<b>To</b>
<b>Address:</b>			
<b>Nature of Business:</b>			
<b>Position Held:</b>			
<b>Temporary or Permanent:</b>			
<b>Description of Main Duties and Responsibilities:</b>			
<b>Reason for Leaving:</b>			

<b>Employer:</b>		<b>Dates:</b>	
		<b>From</b>	<b>To</b>
<b>Address:</b>			
<b>Nature of Business:</b>			

<b>Surname:</b>	<b>Forename(s):</b>
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<b>Position Held:</b>	
<b>Temporary or Permanent:</b>	
<b>Description of Main Duties and Responsibilities:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>		<b>Dates:</b>	
		<b>From</b>	<b>To</b>
<b>Address:</b>			
<b>Nature of Business:</b>			
<b>Position Held:</b>			
<b>Temporary or Permanent:</b>			
<b>Description of Main Duties and Responsibilities:</b>			
<b>Reason for Leaving:</b>			

<b>Employer:</b>		<b>Dates:</b>	
		<b>From</b>	<b>To</b>
<b>Address:</b>			
<b>Nature of Business:</b>			
<b>Position Held:</b>			
<b>Temporary or Permanent:</b>			

<b>Surname:</b>	<b>Forename(s):</b>
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**Description of Main Duties and Responsibilities:**

**Reason for Leaving:**

<b>Employer:</b>		<b>Dates:</b>	
		<b>From</b>	<b>To</b>
<b>Address:</b>			
<b>Nature of Business:</b>			
<b>Position Held:</b>			
<b>Temporary or Permanent:</b>			

**Description of Main Duties and Responsibilities:**

**Reason for Leaving:**

**Please indicate any particular experience and/or achievements you consider relevant to this post:**

Surname:	Forename(s):
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**SECTION D – ADDITIONAL INFORMATION**

**REFEREES:**

Give names and addresses of two responsible persons, to whom you are well known but not related (if you are, or have been in employment, referees should be existing or former employers of within at least 2 years)

<b>Name:</b>	
<b>Position Held:</b>	
<b>Address:</b>	
<b>E-mail Address:</b>	
<b>Contact Tel No.:</b>	
<b>Details of Employer:</b>	

<b>Name:</b>	
<b>Position Held:</b>	
<b>Address:</b>	
<b>E-mail Address:</b>	
<b>Contact Tel No.:</b>	
<b>Details of Employer:</b>	

Please use this space to outline any other information not already included which you feel may support your application e.g. leisure interest , hobbies, membership of clubs, travel, etc.

Do you hold a current, full driving licence? YES/NO

<b>Driving licence number:</b>	
<b>Please specify classes:</b>	
<b>Issued by:</b>	
<b>Issued:</b>	<b>From:</b> <span style="float: right;"><b>To:</b></span>
<b>Distance from your home to Fire Station:</b>	
<b>Distance from your place of employment to Fire Station:</b>	

In the event of appointment, will time be allowed off by your employer to attend emergency callouts? YES/NO

Please submit a letter from your employer (if relevant) outlining their permission for you to attend emergency callouts.

Surname:	Forename(s):
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- Have you any objections to Wicklow County Council contacting your present and/or previous employers? YES/NO

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- Have you now, or have you been within the past twelve months, an elected member (Councillor) of a Local Authority or Harbour Authority? YES/NO

If YES, please state:

- Name of Local Authority:
- Period of Membership: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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- Are you in receipt of a superannuation allowance in respect of previous employment in the Public Service? YES/NO

If YES, please give particulars of pension, office/employment grounds and date upon which it was granted: \_\_\_\_\_

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**Wicklow County Council welcomes applications from people with a disability and such information is only requested on the application form in order that appropriate arrangements for an interview can be made, if necessary.**

- In this regard, do you require any facilities/arrangements for the interview? YES/NO

If YES, please give details of any requirements for interview arrangements:

\_\_\_\_\_

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Name the post, if any, you hold at present and state whether it is permanent or temporary:

\_\_\_\_\_

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**It is a requirement of Wicklow County Council that you take up duty within a period of not more than one month following an offer of employment.**

#### AUTHORISATION & DECLARATION BY CANDIDATE

- I hereby authorise Wicklow County Council, if necessary, to verify separately my educational qualifications with any of the Educational Institutions that I attended.
- I hereby authorise Wicklow County Council, if necessary, to undertake Garda Vetting.
- I solemnly declare that the replies to the questions written above by me to Wicklow County Council are true and complete and I have not withheld any material fact. I note that any incorrect answer given by me, or the withholding of any material facts, may result in my not being considered for employment with Wicklow County Council, or after employment, in my dismissal.

**THE SUBMISSION OF THIS APPLICATION IS TAKEN AS CONSENT TO THE FOREGOING.**

Surname:

Forename(s):

I, the undersigned, hereby solemnly declare all the foregoing particulars to be true.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, hereby authorise Wicklow County Council to obtain from my Dr. \_\_\_\_\_ (NAME) at  
\_\_\_\_\_ (ADDRESS) any information in relation to my previous  
medical history for forwarding to the Council's medical examiner at Westmount Clinic, Church Hill, Wicklow.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE TICK THIS BOX IF YOU WISH TO RECEIVE AN EMAIL ACKNOWLEDGING YOUR APPLICATION:**