

APPLICATION FORM FOR EMPLOYMENT OF

 **Storeperson – Leixlip Water Treatment Plant**

**Candidate Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| NOTES1. **Completed Application forms should be sent to the Human Resources Department, County Hall, Swords, Co. Dublin. The Latest date for receipt of completed application forms is Friday 22nd November, 2019 at 5.00 p.m.**
2. **Candidates may be short-listed on the basis of the information supplied on their application form.**
3. **Applications are requested NOT to submit original or copied documentation e.g. Birth Certificate, Educational Certificates and references with this application form.**
4. **Applicants must NOT submit Curriculum Vitae with this application form.**
5. **All records relating to the interview will be held on file for one year, after that time they will be securely disposed of by Fingal County Council.**
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**FINGAL COUNTY COUNCIL**

**COMHAIRLE CONTAE FHINE GALL**

**APPLICATION FORM FOR EMPLOYMENT OF**

**Storeperson - Leixlip Water Treatment Plant**

**PLEASE READ FORM CAREFULLY**

# 1. PERSONAL DETAILS

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| Correspondence Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (advertisement, name of newspaper, name of website, etc) |

# 2. EDUCATION

|  |  |  |
| --- | --- | --- |
| **Date****From - To** | Name and Type of School(Primary, Second Level) | Examinations Passed(List Subjects, Pass/Hon, Papers, Grades, scholarships, etc.) |
|  |  |  |
| Date**From - To** | Name of College/University(Full-time or part-time) | Course and Qualifications |
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| --- | --- | --- |
| Date**From - To** | **Professional or Occupational Training/Apprenticeship etc.** | Qualifications |
|  |  |  |
| Date**From - To** | **Health & Safety Courses Attended** |
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(Certification and Qualifications will be subject to verification)

**3. CAREER HISTORY** (please list positions held in chronological order, excluding present employment)

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| --- | --- | --- | --- |
| **Dates****To-From** | **Company, Location and Nature of Business** | Positions Held and Main Responsibilities**(if different positions were held in the same company please give full details)** | Reason for Leaving |
|  |  |  |  |

**4. PRESENT OR LAST EMPLOYMENT**

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| --- | --- |
| Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nature of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total employed in Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What period of notice does your employer require? \_\_\_\_\_\_\_\_\_\_\_Why are you considering taking another job? \_\_\_\_\_\_\_\_\_\_\_ | Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Joined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date finished\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Describe briefly your present or last position, outlining your main responsibilities and activities to whom you are responsible and who is responsible to you.  |

# 5. OTHER INFORMATION

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| Do you have a current Safe Pass Card? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a current driving licence. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please state if full or provisional. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please state category of vehicles covered. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you previously applied for a position with any Local Authority? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If ‘yes’ please give details of position and when applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever accepted Voluntary Redundancy/early retirement from a Local Authority or any other public service organisation by which you were employed? |

**6. Knowledge of Irish**

Note: Applicants should state whether his/her knowledge of Irish is 'competent' , 'good' or 'not good'. To possess a competent knowledge of Irish, applicant must be capable of performing the duties of the office through the medium of the language.

Do you wish to undergo an Oral Irish Language test?

**(Please tick appropriate box) YES  NO **

Are you, or have you been, a Pensionable Officer or Employee of a Local Authority?

**YES NO**

**If Yes state (a) Name of Local Authority**

 **(b) Office Held**

Are you, or have you been, a member (Councillor) of a Local Authority?

**YES  NO **

**If Yes state (a) Name of Local Authority**

 **(b) Period of Membership From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. LOCAL AUTHORITY SERVICE OR MEMBERSHIP**

**8. REFEREES** (Present and Past)

(No enquiries will be made of your present employer without your prior permission

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| --- | --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Any employment offered is dependent on the information given being true. False or misleading information or deliberate omissions may result in termination of employment.

**9. DECLARATION**.

**I confirm that all statements given by me on this Application Form are true, correct and without omission. Any false information given will disqualify my Application. In the event of my formal acceptance of an offer of employment with Fingal County Council, I consent to Fingal County Council contacting the referees nominated by me on this application form for a reference.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FOR OFFICE USE ONLY** |  |