

APPLICATION FORM FOR EMPLOYMENT OF

**Night Watchperson- July, 2024**

**PLEASE READ FORM CAREFULLY**

# 1. PERSONAL DETAILS

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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) |
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# 2. EDUCATION

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| --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| 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** |  |

## NOTES

1. **Applications are requested NOT to submit original or copied documentation e.g. Birth Certificate, Educational Certificates and references with this application form.**
2. **Applicants must NOT submit Curriculum Vitae with this application form.**
3. **Late applications will only be accepted on production of a Certificate of Postage from An Post indicating that the form was posted on time.**
4. **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.**

Candidates may be shortlisted on the basis of the information supplied on their application form.

**Return completed forms to the People Services Department, Fingal County Council, PO Box 174, Main Street, Swords, Co. Dublin.**

**The latest date for receipt of completed application forms is**

**Friday 16th August, 2024 at 5.00pm**