Wexford County Council

**Community Employment Programme 2022/2023**

**Application Form C.E. Project Vacancy Number:**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Tel No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPS No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area to which you are applying :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References: Give the name and address of two responsible persons, to whom you are well known but not related:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Educational and Professional Qualifications:**

|  |  |  |
| --- | --- | --- |
| **Examination Taken**  | **Year** | **Result**  |
|  |  |  |
|  |  |  |
|  |  |  |

**Particulars of Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **From** |  | **To** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Hobbies & Interests:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you in receipt of a Social Protection Payment : Yes/No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you registered with The Department of Social Protection Employment Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* Ensure all questions are complete on form \*\*

I hereby declare that the information submitted is true and correct:

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this completed form to the address below:*

***Bernie Lennon, Community Employment Supervisor, Wexford County Council,***

***Old Dublin Road, Enniscorthy, Co. Wexford.***

***Queries: 087 6575743 – Office Hours.***

***bernie.lennon@wexfordcoco.ie***

**Data Protection Statement**

The Personal data provided by you in this form is required to determine eligibility and suitability for the CE Scheme and to administer the scheme. It may be shared with the Department of Employment Affairs and Social Protection and other Government Departments / Agencies where provided for by law. Data protection policy available under the FOI & Data Protection section of the Council’s website [www.wexfordcoco.ie](http://www.wexfordcoco.ie)