

# **WEXFORD COUNTY COUNCIL Application for position of**

### Closing date for receipt of applications is 5.00 pm on Thursday

1.	. NAME IN FULL:					
2.	POSTAL ADDR	ESS (Notify at once,	, in writing, any ch	ange of address):		
3.	Tel. No(s):(Home	)	(Mobile)	Work (if y	ou may be contac	ted there)
5.	Do you claim to	fulfill all the requiren	nents set out in the	e Qualifications for t	he post? <b>Yes</b>	No
		hat you have supplie vertheless apply put		• •		s who are
6.	Please state wh	ere you heard about	the post:			• · · · · · · · · · · · · · · · · · · ·
7.	REFERENCES:	(Please give below t	he names and addr	esses of your present	or most recent e	employers,

Name	Address	Relationship to you	Contact Details
			Phone:
			Email:
			Phone:
			Email:

or responsible persons, to whom you are not related, whom we can contact for a reference).

Do you have any objections to the Council seeking references from your present or previous employers? Yes: No:

You must ensure that all sections of this application form are completed in full. As candidates may be shortlisted on the basis of information supplied in this application form, you should ensure that the information provided is sufficiently comprehensive.

NAME IN FULL:	

#### 8. **GENERAL EDUCATION:**

School or College Attended	From	То	Examination	Results

#### 9. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS:

Full title Degree(s)/ Qualification(s) held	Type & Grade of Hons (1 <sup>st</sup> or 2 <sup>nd</sup> Class, Gr I or II)	Subject(s) in final exam	University, College or Examining Authority	Course
				Course Duration (yrs )  Year Qualification obtained:-
Level (6,7,8 etc):				Course Duration (yrs )  Year Qualification obtained:-
Level (6,7,8 etc):				

#### 10. <u>EMPLOYMENT HISTORY</u>

Please give below, in date order, full particulars of all employment (including also any periods of unemployment) between the date of leaving school and the present date. No period between these dates should be unaccounted for.

NAME AND ADDRESS OF EMPLOYER	POSITION HELD/MAIN DUTIES & RESPONSIBILITY (Please indicate if Permanent or Contract)	Date From (Mth/Yr)	Date To ( Mth/Yr)

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITY	Date From (Mth/Yr)	Date To ( Mth/Yr)
	(Please indicate if Permanent or Contract)		
	_		

NAME IN FULL:	
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NAME AND ADDRESS OF EMPLOYER	POSITION HELD/MAIN DUTIES & RESPONSIBILITY (Please indicate if Permanent or Contract)	Date From (Mth/Yr)	Date To (Mth/Yr)

NAME IN FULL:	
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NAME AND ADDRESS OF EMPLOYER	POSITION HELD/MAIN DUTIES & RESPONSIBILITY (Please indicate if Permanent or Contract)	Date From (Mth/Yr)	Date To (Mth/Yr)

NAME IN FULL:	
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NAME AND ADDRESS OF EMPLOYER	POSITION HELD/MAIN DUTIES & RESPONSIBILITY (Please indicate if Permanent or Contract)	Date From (Mth/Yr)	Date To (Mth/Yr)

NAME IN FULL:	
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NAME AND ADDRESS OF EMPLOYER	POSITION HELD/MAIN DUTIES & RESPONSIBILITY (Please indicate if Permanent or Contract)	Date From (Mth/Yr)	Date To (Mth/Yr)

#### **Supplementary Questions Section for the post of**

Please ensure you are fully familiar with all sections of the Candidate Information Booklet and in particular the sections entitled Competencies for the Post and Duties for the Post.

In each of the competency areas below, briefly detail one example from your work experience to date which you feel best demonstrates your capacity in the competency area described. You may use the same example across more than one competency area should you so wish. Your examples should show clearly how you have demonstrated the particular competency and you should be mindful that the scale and scope of the examples given are appropriate to the post. Please limit your answers to 300 words.

### 1. Management and Change:

Answer:	

2. Delivering R	esults:			
Answer:				
3. Performance	e Through People:	:		
Answer:				

Answer:			
4. Personal	Effectiveness:		
nswer:			

	4. Personal Effectiveness Contd.
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	<b>5.Additional Information</b> Please include below a brief personal statement (i.e. no longer than 500 words outlining why you wish to be considered for the post and where you feel your skills and experience meet the requirements of the position

5.	Additional Information Contd.
Do	o you require any special facilities/arrangements for interview? (If yes, please specify):-
lf ·	offered appointment when could you take up duty?
DI	ECLARATION & DATA PROTECTION
Coreinfording	I personal information provided on this application form will be stored securely by Wexford County buncil and will be used for the purposes of the recruitment process. Application forms will be tained for a period of 18 months from closing date of campaign in the case of ineligible applicants those who do not qualify for inclusion on a panel. In the case of an applicant placed on a panel formation is retained for a period of 18months from the expiration of the panel and in the case of a accessful candidate, for the duration of employment and a minimum of one year thereafter. This formation may be disclosed to a third party, solely connected with assisting the Council with the cruitment and selection purposes and HR-related functions, and where necessary to comply with atutory requirements or seeking references. We assure applicants that information provided will ally be used for the purposes for which it has been submitted. For Further information please see the exford County Councils Data Protection policy section on our website <a href="https://www.wexfordcoco.ie">www.wexfordcoco.ie</a> declare that the information in this document is, to the best of my knowledge, true in every detail. Understand that false statements may lead to disqualification, or if appointed, to termination of
	nployment.
	declare that I have read the relevant recruitment material and fulfill all requirements set out in the andidate information booklet
Si	gnature: Date:
No	ote to candidates:
	The completed application forms must be <u>Typed</u> and submitted by <u>email only</u> to <u>recruitment@wexfordcoco.ie</u> no later than 5.00 pm, Thursday
	Printed hard copies will not be accepted
	Please do <u>not</u> include a CV.

Do not forward any certificates or references with this form, unless requested to do so.

Application forms received after closing time & date will not be considered.

# 8. GENERAL EDUCATION CONTD.

NAME IN FULL:	
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School or College Attended	From	То	Examination	Results

### 9. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS CONTD.

NAME IN FULL:	

Full title Degree(s)/ Qualification(s) held	Type & Grade of Hons (1st or 2nd Class, Gr I or II)	Subject(s) in final exam	University, College or Examining Authority	Course
				Course Duration (yrs )
Loyal (6.7.9 ata):				Year Qualification obtained:-
Level (6,7,8 etc):				
				Course Duration (yrs )
				Year Qualification obtained:-
Level (6,7,8 etc):				
				Course Duration (yrs )
				Year Qualification obtained:-
Level (6,7,8 etc):				
				Course Duration (yrs )
1				Year Qualification obtained:-
Level (6,7,8 etc):				
				Course Duration (yrs )
				Year Qualification obtained:-
Level (6,7,8 etc):				