**WEXFORD COUNTY COUNCIL**

**Application for position of**

 **HARBOUR CONSTABLE**

**Closing date for receipt of applications is 5.00 pm on Thursday 6th November 2025**

1. NAME IN FULL (use BLOCK LETTERS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** POSTAL ADDRESS: (Notify at once, in writing, any change of address):

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

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

**3.** Tel. No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Mobile Work (if you may be contacted there)

**4.** E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Do you claim to fulfill all the requirements set out in the Qualifications for the post?**Yes** **No**

Please ensure that you have supplied sufficient information to support this claim. Persons who are ineligible but nevertheless apply put themselves to unnecessary expense.

**6.** Please state where you heard about the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7**. REFERENCES: (Please give below the names and addresses of your present or most recent employers, or responsible persons, to whom you are not related, whom we can contact for a reference).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Relationship to you** | **Contact Details** |
|  |  |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 basis of information supplied in this application form you should ensure that information given is sufficiently comprehensive.

NAME IN FULL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. GENERAL EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School or College****Attended** | **From** | **To** | **Examination** | **Results** |
|  |  |  |  |  |
|  |  |  |  |  |

9. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS:

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

**10.** **CURRENT FULL CLEAN DRIVING LICENCE HELD? YES: NO:**

Licence No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class (A,B,C,D etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. SAFE PASS REGISTRATION CARD No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **EXPIRY DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Candidates must enter details of their Licence & Safe Pass card as requested above)

**12. EMPLOYMENT HISTORY**

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)** |
|  |  |  |  |
|  |  |  |  |

**12. EMPLOYMENT HISTORY (CONTD)**

**NAME IN FULL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND ADDRESS****OF EMPLOYER** | **POSITION HELD/MAIN DUTIES & RESPONSIBILITY****(Please indicate if Permanent or Contract)** | **Date From****(Mth/Yr)** | **Date To****(Mth/Yr)** |
|  |  |  |  |
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**12. EMPLOYMENT HISTORY (CONTD)**

**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)** |
|  |  |  |  |
|  |  |  |  |

**12. EMPLOYMENT HISTORY (CONTD)**

**NAME IN FULL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Additional Information:**

Please indicate the particular qualities or experience you possess that will enable you to contribute to the work of the Council in this position.

|  |
| --- |
| **Answer:** |

**Do you require any special facilities/arrangements for interview? (If yes, please specify): -**

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

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**If offered appointment when could you take up duty?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION AND DATA PROTECTION**

All personal information provided on this application form will be stored securely by Wexford County Council and will be used for the purposes of the recruitment process. Application forms will be retained for a period of 18 months from closing date of campaign in the case of ineligible applicants or those who do not qualify for inclusion on a panel. In the case of an applicant placed on a panel information is retained for a period of 18 months from the expiration of the panel and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. This information may be disclosed to a third party, solely connected with assisting the Council with the recruitment and selection purposes and HR related functions, and where necessary to comply with statutory requirements or seeking references. We assure applicants that information provided will only be used for the purposes for which it has been submitted. For further information please see the Wexford County Councils Data Protection Policy Section on our website [www.wexfordcoco.ie](http://www.wexfordcoco.ie)

I declare that I have read the relevant recruitment material and fulfill all requirements set out in the Candidate Information Booklet.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note to candidates:**

###### Four completed application forms (Original form plus 3 copies) must be forwarded to The Human Resources Officer, Wexford County Council, Carricklawn, Wexford, no later than 5.00 p.m. on Thursday 6th November 2025

* Please do **not** 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.

**WEXFORD COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER**