**COMHAIRLE CHONTAE CHILL MHANTAIN – FOIRM IARRATAIS**

**WICKLOW COUNTY COUNCIL – APPLICATION FORM**

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***County Buildings,***

***Wicklow Town,***

***Co. Wicklow***

**A67 FW96**

**APPLICATION FOR THE POST OF:**

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| **REF: 34/2024 Assistant Health & Safety Officer** |

**Notes:** Please return **FOUR APPLICATION FORMS** (one original plus three copies) to: Director of Services, Organisational Development|HR|Corporate, Wicklow County Council, County Buildings, Wicklow Town before the closing date of**:**

**Thursday 10th October, 2024 – 12 Noon**

**The Application Form can be submitted by email before the closing date to** **recruitment@wicklowcoco.ie****. However, the original form plus copies (hardcopy) must be forwarded as soon as possible after the above closing date. Please read attached documentation carefully before completing**.

1. **Do not** attach any C.V.’s or related documents with this form.
2. It is recommended that forms are typed and not hand written.
3. Before you return the form, please ensure the following:

(a) You have completed all sections and that you fulfil all the requirements set out in the Qualifications for the office.

(b) You have read the declaration at the end of the form and have signed your name as consent to same.

1. Please note that you may be asked to provide evidence of the National Framework of Qualifications level of your qualifications and copy of certificates verifying qualifications. The onus is on the candidates to establish eligibility in this application form.
2. Please note that applicants may be shortlisted on the basis of the information supplied on this application form.
3. Canvassing by or on behalf of the applicant will automatically disqualify.
4. Applications received after the closing time/date will **not** be considered.
5. Queries may be made to the Human Resources Section, Wicklow County Council, County Buildings, Wicklow or by telephone on 0404-20159 or email recruitment@wicklowcoco.ie

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| **SECTION A – PERSONAL DETAILS** |
| **Surname:** | **Forename(s):** |
| **Address:****(Notify at once in writing any change)** | **Home Telephone:** |
| **Work Telephone:** |
| **Mobile Tel Number:** |
| **Eircode:** | **Email address:** |

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| **SECTION B – EDUCATION, QUALIFICATIONS and TRAINING** |

**GENERAL EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Name of School (s)** | **Examinations Taken** | **Subject** | **Results** |
| **From** | **To** |
|  |  |  |  |  |  |
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1. **ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | **University, College or Examining Authority** | **Qualification Obtained** | **Level in the National Frameworks of Qualifications** | **Year Qualification Obtained** | **Final Year Examination Subjects** |
| **From** | **To** |
|  |  |  |  |  |  |  |
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1. **PLEASE LIST ALL TRAINING COURSES UNDERTAKEN (EITHER IN-HOUSE OR PRIVATELY):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Organisation/Body** | **Course Title** | **Qualifications obtained** |
| **From**  | **To** |  |  |  |
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| **SECTION C – EMPLOYMENT RECORD** |

Please give below, in date order **(starting with your current employer)** full details of all employment between the date of leaving school or college and the present dates. Please do not leave any period between these dates unaccounted for. If necessary, continue on a separate sheet, setting out the information in the same manner as below.

|  |  |  |
| --- | --- | --- |
| **Employer:** |  | **Dates:** |
| **From** | **To** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:** |
| **Reason for Leaving:** |
|  |
| **Employer:** |  | **Dates:** |
| **From** | **To** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:** |
| **Reason for Leaving:** |

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| **SECTION C – EMPLOYMENT RECORD Continued** |

|  |  |  |
| --- | --- | --- |
| **Employer:** |  | **Dates:** |
| **From** | **To** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:** |
| **Reason for Leaving:** |

|  |  |  |
| --- | --- | --- |
| **Employer:** |  | **Dates:** |
| **From** | **To** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:**  |
| **Reason for Leaving:** |

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| **SECTION D – COMPETENCIES** |

**A number of key competencies (necessary skills and qualities) have been identified as being essential for the effective performance of the role of Assistant Health & Safety Officer. Please refer to the Candidate Information Booklet.**

Short listing may apply based on the information supplied on the application form and the requirements of the position.

Outline one brief example of how and where you have displayed the competencies below. The example may be drawn from your experience in various settings including professional, community or voluntary. You may use the STAR (Situation, Task, Action and Result) to assist in your response.

**Candidates called for interview will be assessed on the following competencies:**

* Management & Change
* Delivering Results
* Performance through People
* Personal Effectiveness

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| **Management & Change** |

**Delivering Results**

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| **Performance through People** |

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| **SECTION D – COMPETENCIES (Continued)** |

**Personal Effectiveness**

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| **SECTION E – ADDITIONAL INFORMATION** |

**REFEREES:**

Give names and addresses of two responsible persons, to whom you are well known but not related (if you are, or have been in employment, referees should be existing or former employers of within at least 2 years)

|  |  |
| --- | --- |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **E-mail Address:** |  |
| **Contact Tel No.:** |  |
| **Details of Employer:** |  |
|  |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **E-mail Address:** |  |
| **Contact Tel No.:** |  |
| **Details of Employer:** |  |

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* Have you any objections to Wicklow County Council contacting your present **YES/NO**

and/or previous employers?

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| **Please use this space to outline any other information not already included which you feel may support your application.** |

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Have you now, or have you been within the past twelve months, an elected member **YES/NO**

(Councillor) of a Local Authority or Harbour Authority?

If **YES**, please state:

* Name of Local Authority:
* Period of Membership: **From:** **To:**
* Are you in receipt of a superannuation allowance in respect of previous employment in the **YES/NO**

Public Service?

If **YES,** please give particulars of pension, office/employment grounds and date upon which

it was granted.

**Wicklow County Council welcomes applications from people with a disability and such information is only requested on the application form in order that appropriate arrangements for an interview can be made, if necessary.**

* In this regard, do you require any facilities/arrangements for the interview? **YES/NO**

**If YES, please give details of any requirements for interview arrangements:**

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Name the post, if any, you hold at present and state whether it is permanent or temporary:

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

The holder of the office will be required to hold a valid Irish/EU full driving licence for class B vehicles or a licence acceptable to NDLS for exchange, free from endorsement and disqualification. They must be a competent driver and shall drive a motor car in the course of his/her duties and for this purpose, provide and maintain a car to the satisfaction of the Local Authority. The Local Authority must be indemnified on their insurance.

* Do you hold a current, full driving licence? **YES/NO**

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| --- | --- | --- | --- | --- |
| **AM** | **A1** | **A2** | **A** | **B** |
| **BE** | **W** | **C** | **CE** | **C1** |
| **C1E** | **D** | **DE** | **D1** | **D1E** |

If **YES,** please specify classes (Please circle as appropriate):

* Issued by:
* Issued: **From:** **To:**

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

**It is a requirement of Wicklow County Council that you take up duty within a period of not more than one month following an offer of employment.**

**AUTHORISATION & DECLARATION BY CANDIDATE**

* **I hereby authorise Wicklow County Council, if necessary, to verify separately my educational qualifications with any of the Educational Institutions that I attended.**
* **I hereby authorise Wicklow County Council, if necessary, to undertake Garda Vetting.**
* **I solemnly declare that the replies to the questions written above by me to Wicklow County Council are true and complete and I have not withheld any material fact. I note that any incorrect answer given by me, or the withholding of any material facts, may result in my not being considered for employment with Wicklow County Council, or after employment, in my dismissal.**

**THE SUBMISSION OF THIS APPLICATION IS TAKEN AS CONSENT TO THE FOREGOING.**

**I, the undersigned, hereby solemnly declare all the foregoing particulars to be true.**

**SIGNATURE OF APPLICANT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TICK THIS BOX IF YOU WISH TO RECEIVE AN EMAIL ACKNOWLEDGING YOUR APPLICATION:**

**Wicklow County Council reserves the right to shortlist candidates in the manner it deems most appropriate.**

WICKLOW COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER