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**WEXFORD COUNTY COUNCIL**

**Application for position of**

**SUPERVISOR - COMMUNITY EMPLOYMENT SCHEME (PART-TIME)**

**Closing date for receipt of applications is 5pm on Thursday 15th August, 2024**

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

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

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

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**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. Additional information may be included on a separate sheet if necessary. As applicants may be short-listed on basis of information supplied on application forms you should ensure that information given is sufficiently comprehensive.

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

**8. GENERAL EDUCATION:**

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

1. 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:**

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Candidates must enter details of their Licence as requested above)**

**11. 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 ADDRESSOF EMPLOYER | POSITION HELD/MAIN DUTIES & RESPONSIBILITY(Please indicate if Permanent or Contract) | Date From(Mth/Yr) | Date To( Mth/Yr)  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if necessary

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

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**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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that I fulfill all the requirements set out in the Qualifications, that the information given in this form is correct and give my permission for enquiries to be made to establish such matters as qualifications, experience and character and for the release by other people or organisations of such information as may be necessary for that purpose. This may include enquiries from past/present employers and the submission of the application is taken as consent to this.

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 5pm on Thursday 15th August 2024.

* **Please do not include a CV, additional information may be submitted on a separate sheet if necessary.**
* **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 OPPPORTUNITIES EMPLOYER**