



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 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:

Please indicate if you are currently serving in a local authority or regional assembly

Are you currently serving in a local authority or regional assembly? Yes: No:

If yes, please insert the name of the local authority or regional assembly

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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	To	Examination	Results

9. ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS:

Full title Degree(s)/ Qualification(s) held	Type & Grade of Hons (1 st or 2 nd 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. 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)

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

10. EMPLOYMENT HISTORY CONTD.

NAME IN FULL: _____

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NAME IN FULL: _____

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10. 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)

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 Results:

Answer:

3. Performance Through People:

Answer:

3. Performance Through People Contd.

Answer:

4. Personal Effectiveness:

Answer:

4. Personal Effectiveness Contd.

5. Additional Information

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

If offered appointment when could you take up duty? _____

DECLARATION & 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

I declare that the information in this document is, to the best of my knowledge, true in every detail. I understand that false statements may lead to disqualification, or if appointed, to termination of employment.

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:

- **The completed application forms must be Typed and submitted by email only to recruitment@wexfordcoco.ie no later than 5.00 pm, Thursday**

Printed hard copies will not be accepted

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.**

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
Level (6,7,8 etc): _____				Course Duration (yrs) _____ Year Qualification obtained:- _____
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