



APPLICATION FOR:

Retained Firefighter at Dungarvan Fire Station

Please return this form with attached application support form to the Human Resources Department, Waterford City and County Council, Civic Offices, Dungarvan Co. Waterford so as to arrive not later than 4 p.m. on Friday, 4th August, 2017.

A. 1. Surname: _____ **First Name(s):** _____

2. Home Address:* _____

3. Telephone No: _____ **(Home)** _____ **(Work)**

Mobile: _____ **E-mail Address:** _____

4. PPS no. _____

* Please use the address at which you normally reside as this may be checked to ensure you satisfy the particulars of employment

B. GENERAL EDUCATION: Please list all information in descending chronological order.

Dates		Name of School Or College	Examinations Taken (Subjects)	Result
From	To			



C. PARTICULARS OF QUALIFICATIONS OR TRAINING COURSES COMPLETED
(Please include photocopies of certs etc.) :

<i>Training Organisation/ College Attended</i>	<i>Qualification Obtained</i>	<i>Result</i>	<i>Year Obtained</i>

D. PARTICULARS OF WORK EXPERIENCE: (additional information may be added on an A4 page)

Present Employer:

Name: _____

Address: _____

Job Title: _____

Duties: _____

Date Appointed: _____

You will be required to bring to interview, Confirmation Statement from employer to release you to attend Fire Service duties.



Previous Work Experience

From	To	Name and Address of Employer	Job Title and Duties

E. LEISURE INTERESTS, ETC:
Please give details of membership of any Clubs, Societies, Associations, etc., including offices held at present, or in the past:

F. Do you hold a current full driving licence? _____

What categories of vehicle are you authorised to drive? B C1 C D1 D EB

G. Please state if you have any medical condition which would prevent you from giving regular and efficient service or which would hinder you carrying out the full range of duties of Retained Firefighter



H.

Retained Firefighter at Dungarvan Fire Station

Name of Applicant:

Notes for completion;

You will see a list of the essential requirements that have been identified as necessary for effective performance as an Operational Firefighter down the left side of the page. Please describe, using examples of specific achievements, your level of ability against each competency.

EVIDENCE	PLEASE ENTER FULL DETAILS OF THE RELEVANT QUALIFICATIONS, SKILLS, CAPABILITIES, AND KNOWLEDGE RELATING TO THE ESSENTIAL REQUIREMENTS. ALL SECTIONS MUST BE COMPLETED
Evidence of a high degree of self-discipline	
Ability to work as an effective part of a team.	



<p>Evidence of working with members of the public.</p>	
<p>Evidence of being physically fit</p>	
<p>Evidence of ability to work in hazardous conditions, including at heights and in confined spaces</p>	



General comments in support of your application, for instance, any other experience relevant to the role of Firefighter:

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Signature	
Date	



I. Please give names and addresses of two persons to whom you are well known but not related who will supply a character reference:

(1) _____ (2) _____

Do you have any objection to Waterford City and County Council contacting your previous employer(s) for references? YES NO

(ii) Declaration: I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

NB: MISREPRESENTATION OF, OR FAILURE TO DECLARE, ANY MATERIAL FACT WILL INVALIDATE YOUR APPLICATION AND ANY JOB OFFER MADE AS A RESULT OF SAME.

Applications received after the closing date and time specified in the advertisement relating to this position will not be accepted.

Latest date for receipt of application forms - not later than

Friday, 4th August, 2017 at 4pm



N.B. Please submit the following:

- Application form and support form (4 copies)
- Up to date Curriculum Vitae (4 copies)
- Photocopies of Certificates and Qualifications etc. (4 copies)

Failure to do so will result in your application not being accepted.

If you require an acknowledgement of receipt:

- Please **insert your name and address** in the box below and return **this sheet with your application**. An acknowledgement will not be sent if this sheet is not completed and returned with your application form.
-

I hereby acknowledge the safe receipt of completed application form for the position of **Retained Fire-fighter**.

Applicant's details: **Please insert your Name and Address in this Box**

Signed: _____ Date: _____

Human Resources Dept.

Should acknowledgement of your application not be received within 7 days of postage, please contact the Human Resources Department.

Latest date for receipt of application forms - not later than 4pm on Friday, 4th August, 2017