**ROLLING CALL APPLICATION FOR**

RETAINED FIREFIGHTER

 **PLEASE TICK YOUR PREFFERED LOCATION**

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| **CAPPOQUIN** | **ARDMORE** | **KILMACTHOMAS** | **PORTLAW** |
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**Please return this form fully completed along with supporting documents to** **recruitment@waterfordcouncil.ie** **clearly stating “Rolling Call” in the subject line. Hard/Paper Copies will not be accepted.**

**Application Forms and Documents should be submitted in .pdf or .doc format ONLY.**

**All documents can be scanned into one document or if submitting individual documents, each of your documents should be titled clearly e.g. Joe Bloggs Application Form, Joe Bloggs Birth Cert etc.,.**

**Please send your application from an email address that you will review regularly as communication during the assessment/selection period will only be through that email address.**

**Note**

 1. The onus is on candidates to establish eligibility in terms of academic and/or experience requirements, where applicable.

2. Canvassing by or on behalf of the applicant will automatically disqualify.

 3. Please note that applicants may be shortlisted on the basis of the information supplied on this application form, please refer to candidate information booklet for further details.

4. When completing this application form, please continue on additional pages if necessary, setting out the information in the same manner as indicated.

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**Age Eligibility - Are you OVER 18 and UNDER 55 years of age ?**

TICK TO CONFIRM. Applicants who fall outside of this age bracket are not eligible to apply

**A. 1. Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2. Home Address:**\* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **3. Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **4. Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **6. PPS no.**

 **7. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Yes** | **No** |
|  |  |

 **8. Do you Require a Work Permit to work in Ireland?**

**B. General Education:** Please list all information in descending chronological order.

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| --- | --- | --- | --- |
| **Dates** | **Name of School** | **Examinations**  | **Result** |
| **From** | **To** | **Or College** | **Taken (Subjects)** |  |
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1. **Particulars of qualifications or** T**raining courses Completed**

**\*(Please attach photocopies of certs etc.) :**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Training Organisation/ College Attended*** | ***Qualification Obtained*** | ***Result*** | ***Year Obtained*** |
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**SECTION D – 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:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  |  |  |
| **Temporary or Permanent:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From:** | **To:** |  |
| **Description of main duties and responsibilities:** |

|  |  |
| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  |  |  |
| **Temporary or Permanent:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From:** | **To:** |  |
| **Description of main duties and responsibilities:** |
| **Reason for leaving:** |

|  |  |
| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  |  |  |
| **Temporary or Permanent:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From:** | **To:** |  |
| **Description of main duties and responsibilities:** |
| **Reason for leaving:** |

**E. Leisure Interests, etc:**

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

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

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Persons must hold an unendorsed Full Class B Irish/EU Driving Licence or an Irish Class B Learners Permit which must be submitted at the time of application.

1. **Do you hold a current unendorsed Full Class B Irish/EU Driving Licence or an Irish Class B Learners Permit** ? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Full  | Provisional  |

If YES, please specify type of licence:

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

\*Please attach a copy of your **Licence – front and back**

**\***Please attach a copy of your **Birth Certificate**

1. **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**

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

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1.

Retained Firefighter Application

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| Name of Applicant:  |

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| *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.* |

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| **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.** |  |

|  |  |
| --- | --- |
| **Evidence of working with members of the public.** |  |
| **Evidence of being physically fit**  |  |
| **Evidence of ability to work in hazardous conditions, including at heights and in confined spaces** |  |

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

1. **REFERENCES**

Each applicant is required to submit as references the names, addresses and email addresses of **two** responsible persons to whom he/she is well known but not related and of which **at least one must be a previous employer.**

 **(1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

 **Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **What is your relationship to PERSON 1?**

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

 **(2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

 **Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **What is your relationship to PERSON 2?**

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

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

1. **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**.

### N.B. Please submit the following in Word or .PDF format ONLY – PHOTOS WILL NOT BE ACCEPTED :

### Application Form

### Photocopies Certificates and Qualifications etc.

### A copy of your Driving Licence

### A copy of your Birth Certificate

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

**Submit by e-mail only to** **recruitment@waterfordcouncil.ie**

**WATERFORD CITY AND COUNTY COUNCIL**

**IS AN EQUAL OPPORTUNITIES EMPLOYER**

**The information supplied in this form is held on the understanding of confidence subject to the requirements of the freedom of Information Act 1997 or other legal requirements.**

**I certify that the information furnished in this application form is correct and I hereby authorise Waterford City and County Council to seek any additional information they may require in connection with my application for the post.**

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