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| C:\Users\rwalsh\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\Z5LFZFVH\Waterford_Logo_Header (2).jpg | | | | | | | | | | | |
| Application Form **Machinery Yard Fitter Mechanic** Closing Date: Thursday, 2nd October, 2025 at 4pm **Applications will be accepted by e-mail only to:** [**recruitment@waterfordcouncil.ie**](mailto:recruitment@waterfordcouncil.ie)  **Applications received in HARD COPY cannot be accepted and will not be considered.** | | | | | | | | | | | |
| **Section A – Personal Details** | | | | | | | | | | | |
|  | **Title:** |  | **First Name:** | | | |  | **Surname:** | | |  |
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|  |  |  |  | | | |  |  | | |  |
|  | **Address** | | | | | | | | | |  |
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|  | **Contact Details:** | | | | | | | | | |  |
|  | Work Phone |  | | | Extension Number | | | |  | |  |
| Home Phone |  | | | Mobile Number | | | |  | |  |
|  | Email Address |  | | | | | | | | |  |
| |  |  | | --- | --- | | **NATIONALITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Permit**  **(Please refer to Citizenship Section in the Candidate Information Booklet before answering this question)** | **Do you require a Work Permit to work in Ireland? \_\_\_\_\_\_\_**  **If Yes, please submit a copy of same.** |   ***Note:***  You must ensure that all sections of this application form are completed in full.  It is therefore in your own interest to provide a detailed and accurate account of your qualifications/experience on the application form. | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name: First Name:** |  |  |  | **Surname:** |  |  |

### Section B – Education & Training.

Please provide details of any relevant courses or training you have received (for example CSCS site dumper, location of underground services, paving/ kerb laying or signing lighting and guarding at road works) other courses could include first aid, IOSH, manual handling, computer skills, ECDL etc. Please use a continuation sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course and Duration of Course** | **Year received** | **Type (e.g. Construction Skills Certification Scheme (CSCS) or internal company or other** | **Card / Certificate Reference number (if applicable)** |
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| **First Name:** |  |  |  | **Surname:** |  |  |

### Section C – Employment Record.

Give below, in reverse date order (starting with your current employer), full particulars of all employment (including

any periods of unemployment) between the date of leaving school or college to present date. No period between

these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set the information

out in the same manner as below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates** | | | | | **Title of post held,**  **short description of duties, salary, etc.** | | | | | **Name and address of employer, contractor, sub contractor** |
| From: |  | | |  |  | | | | |  |
| To: |  | | |  |
| Period in Months: |  | | |  |
| **Reason for leaving:** | | | | | | | | | | |
| From: |  | | |  |  | | | | |  |
| To: |  | | |  |
| Period in Months: |  | | |  |
| **Reason for leaving:** | | | | | | | | | | |
| From: |  | | |  |  | | | | |  |
| To: |  | | |  |
| Period in Months: |  | | |  |
| **Reason for leaving:** | | | | | | | | | | |
| From: |  | | |  |  | | | | |  |
| To: |  | | |  |
| Period in Months: |  | | |  |
| **Reason for leaving:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **First Name:** | |  |  | | |  | **Surname:** |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of employer, contractor, sub contractor** |
| From: |  |  |  |  |
| To: |  |  |
| Period in Months: |  |  |
| **Reason for leaving:** | | | | |
| From: |  |  |  |  |
| To: |  |  |
| Period in Months: |  |  |
| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of employer, contractor, sub contractor** |
| From: |  |  |  |  |
| To: |  |  |
| Period in Months: |  |  |
| **Reason for leaving:** | | | | |
| From: |  |  |  |  |
| To: |  |  |
| Period in Months: |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  |  |  | **Surname:** |  |  |

### Section D – Competencies

In relation to the employment record you have supplied, please give details of the competency you have acquiredin the following areas. You should ensure that the examples you use are from a recent period in your employment that you feel most equips you for this position. Answers under each competency heading should be approximately 300 words – **PLEASE REFER TO THE COMPETENCIES SECTION IN THE CANDIDATE INFORMATION BOOKLET BEFORE COMPLETING THIS SECTION.**

|  |
| --- |
| 1. Delivering Results *(100 Marks)* |
|  |

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| --- |
| 1. Personal Effectiveness *(100 Marks)* |
|  |

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| --- |
| 1. Communications *(100 Marks)* |
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| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  |  |  | **Surname:** |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  |  |  | **Surname:** |  |  |

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| --- |
| 1. Relevant Knowledge & Experience *(200 Marks)* |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  |  |  | **Surname:** |  |  |

### Section E – Other Information.

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| --- |
| Please provide any other relevant information in support of your application |
|  |

### Section F – Mandatory Requirements

1. Do you hold a current Full Driving Licence?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Expiry Date: |  |

Only applicants with a full licence in the categories specified for each panel can apply for this position. **A copy of the licence must be scanned and e-mailed with your application.**

If Yes, please tick which of the following licence categories you currently hold

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **BE** | **C** | **CE** | **C1** | **C1E** | **D** | **DE** | **D1** | **D1E** |
|  |  |  |  |  |  |  |  |  |  |

1. Do you hold a current SAFE PASS card?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Expiry Date: |  |

Only applicants with current SAFE PASS card can apply for this position.

**A copy of the SAFE PASS card must be scanned and e-mailed with your application.**

1. Do you have Manual Handling Training?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Expiry Date: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name:** |  |  |  | **Surname:** |  |  |

### Section G – Desirable Requirements

Please provide the names of two responsible persons as referees to whom you are well known but *NOT* related. If you are currently employed, one of the referees should be a present employer.

|  |  |
| --- | --- |
| Referee No. 1 - Name & Address | Referee No. 2 - Name & Address |
|  |  |
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**I, the applicant, in submitting this application, hereby declare all the foregoing particulars to be true.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES – Please read before submitting your application form**

**Completion of the Application Form**

Before you return your application form, please ensure that you have completed all sections and that you have signed the declaration. It is the responsibility of candidates to establish their eligibility for the post through the information provided in the application form.

**Submission of Application Form**

This Application Form, when completed, should be returned no later than **4p.m. on Thursday, 2nd October, 2025 by e-mail (only) to**: [**recruitment@waterfordcouncil.ie**](mailto:recruitment@waterfordcouncil.ie)

Please include ***“Machinery Yard Fitter Mechanic”*** as a reference in the subject line before emailing the application. The closing date for submission of completed applications is outlined on front page of this application form. ***Late applications will not be accepted.***

**Proof of receipt of Application Form**

Applications submitted by email will be acknowledged automatically. Please keep this acknowledgement as proof of delivery and receipt of your application.

If you do not receive an acknowledgement within 24 hours, please contact the Human Resources Department immediately at **058 22037**. It is the responsibility of candidates to ensure the proper delivery and receipt their applications.