

CARLOW COUNTY COUNCIL

County Offices, Athy Road, Carlow.

Telephone: 059/9170300 Fax: 059/9141503

EMPLOYMENT APPLICATION

Form, when completed, should be returned to Human Resources Department, Carlow County Council, County Offices, Athy Road, Carlow on or before 5.00 p.m. on Friday, 26th March, 2010.

APPOINTMENT: Retained Fire-fighter Tullow Section of the County Carlow Fire and Rescue Service.

Birth Certificate to be submitted with Application Form.

01. Surname: _____

First Names: _____

02. Address: (for correspondence) _____

Address: (Permanent, if different from above) _____

03. Telephone Numbers: Home: _____ Business: _____

04. Do you hold a Driving Licence? – If so, specify classes _____

05. Hobbies: _____

06. Have you ever been a member of any voluntary organisation?

Yes No (Tick as appropriate) If yes please state _____

07. EDUCATION

School or College Attended	Period From To	Examinations Taken (Dates Included)	Result Pass or Honours

In addition to your education, do you have any Trade/Craft Qualifications? Please state below.

08. PARTICULARS OF PRESENT OR LAST EMPLOYMENT:

Employer: _____

Address: _____

Place of Employment: _____

Date of Appointment: _____ Position Held: _____

Is your Employer agreeable to release you for Fire Brigade Duties during working hours?
(A letter to this effect must be produced at the interview)

DESCRIBE THE NATURE OF YOUR DUTIES AND THE EXTENT OF YOUR AUTHORITY & RESPONSIBILITY.

State whether present employer may be contacted, if necessary _____

09. PARTICULARS OF PREVIOUS APPOINTMENTS (C.V. may be attached)

(In sequence since first taking up employment. It is not sufficient to refer to another application).

Period in Months	From	To	Name & Address of Employer	Type of Employment Experience (short description)	Reason for Leaving

10. REFERENCES:

Give names & addresses of two responsible persons to whom you are well known, but NOT related.

_____	_____
_____	_____
_____	_____
_____	_____

11. Are you now, or have you been, within the past 12 months a MEMBER OF A LOCAL AUTHORITY? Yes No (Tick as appropriate)

12. Are you in receipt of a superannuation allowance in respect of an office under a Local Authority? Yes No (Tick as appropriate)

If yes, give particulars of pension, office, grounds, and date upon which it was granted.

13. Before signing this form, please ensure that you have replied fully to all questions. You should also satisfy yourself that you are eligible under the qualifications. The Council cannot undertake to investigate the eligibility of candidates in advance of the interview/examination, and hence persons who are ineligible, but nevertheless enter, may thus put themselves to unnecessary expense.

I, the undersigned, **HEREBY DECLARE** all the foregoing particulars to be true.

Signature of Applicant: _____ **Date:** _____

**N.B. CANVASSING BY OR ON BEHALF OF THE APPLICANT
WILL DISQUALIFY.**