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| Sligo CoCo LOGO H Res | **Sligo County Council**  **Comhairle Chontae Shligigh** |

**Before completing this application form, please read the following:**

**IMPORTANT NOTES**

* **Please note that interviews for this position will be conducted in person only.**
* The Application Form, together with any **relevant** documentation, must be submitted to Sligo County Council **by e-mail (in PDF format)** as **ONE** scanned document to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) with the **title of the post, for which you are applying, included in the subject line of the e-mail.**

This application form is designed to be edited online. Please type into the word document and save the completed application form in PDF format. Please do not use Text Boxes.

**Creating a PDF** – for guidance on how to create a PDF from a MS Word document please refer to [www.sligococo.ie/jobvacancies/](https://www.sligococo.ie/jobvacancies/) “Creating a PDF – Guidance for Applicants”

* The declaration at the end of the Application Form **must** be signed before submission. Failure to do so, will result in the application being deemed invalid. Typed signatures are acceptable when application is submitted in PDF format.
* E-mail submission, as set out above, is the **only** format by which applications will be accepted by Sligo County Council - **Hard copies of the application will not be accepted and will be deemed invalid.**
* Please ensure to complete each section of the Application Form. Incomplete forms will be deemed invalid. CVs are **not** to be submitted with Application Forms.
* The onus is on applicants to establish their eligibility for the post as detailed in the Candidate Information Booklet.
* The onus is on applicants to ensure delivery and receipt of Application Forms, including all required supporting documentation, by the prescribed closing date. Please note that applications must be **received** by Sligo County Council by the time specified on the prescribed closing date. Candidates should allow adequate time (taking account for any delays that may occur between sending and delivery of e-mail) when submitting their application, to ensure that it is received by the Council by the specified time. **No late applications will be accepted** **and no exceptions will be made, regardless of the circumstances**.
* Queries can be made to the Human Resources Section of Sligo County Council either by e-mail to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) or by telephone to 071 9111025 / 071 9111073.

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

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| Sligo CoCo LOGO H Res | **Sligo County Council**  **Comhairle Chontae Shligigh** |
| **CREATION OF PANEL FOR THE POSITION OF**  **CLERK OF WORKS - SPECIFIC PURPOSE CONTRACT – 42 MONTHS DURATION**  **Comp ID: 005642**  **Closing Date: 4.30 p.m. on Thursday 30th October 2025** | |

**You must ensure that all sections of this application form are completed in full. It is in your own interest to provide a detailed and accurate account of your qualifications and experience on the application form as this information may be used as part of a short-listing procedure and will inform the Interview Board in the event that you are called for interview.**

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| **SECTION A – PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | |  | | | **First Name** | | | | |  | | | | | | **Surname** | | |  | | | | | |
| **Address** | | |  | | | | | | | | | | | | | | | **Eircode/ Post Code** | | |  | | | |
| **Contact Number(s)** | | | | | | |  | | | | | **Email Address\*\*** | | | |  | | | | | | | | |
| **\*\* *Please note that the e-mail address provided above will be used by Sligo County Council to correspond with applicants as part of this recruitment campaign. It is, therefore, in your interest to check your ‘inbox’ and ‘spam’ e-mail folders on a regular basis throughout this recruitment campaign. Sligo County Council cannot accept responsibility for delivery or receipt of e-mail to or by candidates.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently serving in a local authority or regional assembly?**  ***(note: tick boxes can be checked using mouse)*** | | | | | | | | | | | | | | | | | | | | **Yes** |  | | **No** |  |
| **If yes, please provide the name of the local authority or regional assembly:** | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Are you an elected member (i.e. County/City Councillor) of a Local Authority?** | | | | | | | | | | | | | | | | | | | | **Yes** |  | | **No** |  |
| **Should you be called for interview, is there any “reasonable accommodation” you would require the local authority to make to assist your attendance? (e.g. accessibility, sign language, large print, etc?)** | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Note: Applicants for this competition must, on the latest date for receipt of applications, hold a full, unendorsed driving licence for Category B vehicles** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you hold a Full Unendorsed Driving Licence? \*** | | | | | | | | | | | **Licence Class/Category** | | | | | | | | |  | | | | |
| **Yes** |  | | | | | **No** | | |  | | **Licence Expiry Date** | | | | | | | | |  | | | | |
| **\*If yes, you must submit a copy of your licence (front and reverse) with your application.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **How would you rate your current proficiency in the Irish/Gaelic Language (Please tick ONE of the following boxes) Note: For survey purposes only** | | | | | | | | | | | | | | | | | | | | | | | | |
| **No Proficiency** | | | | | | | | **Poor** | | | | | | **Basic** | | **Professional Working** | | | | | | **Fluent** | | |
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| **SECTION B – Relevant Educational Qualifications & Training** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | | | | | | | **Surname** | |  | | | | | | | | |
| **NB: DOCUMENTARY EVIDENCE OF QUALIFICATIONS**  **You MUST submit documentary evidence of qualification(s) required for this competition as detailed in the Candidate Information Booklet. Failure to do so will deem your application invalid.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year obtained & full title of qualification – e.g. Technological Certificate, National Certificate, National Diploma, Ordinary/Honours Degree, Post Grad, Doctorate etc.** | | | | | | | | | | | | | **NFQ Level as per the National Framework of Qualifications**  **(refer to QQI website if unsure)** | | | **Name of University, College or Examining Authority** | | | | | | | | | |
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| **SECTION C – Employment Record** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** | | |  | |
| In date order, starting with your current employer, please provide full particulars of all employment (including any periods of unemployment) between the date of leaving school or college and the present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set out the information in the same format as below:  **\*P – Permanent, T – Temporary Contract, A – Acting in post.**  **Where the grade status is not clearly stated, it will be assumed that the post held is a temporary contract.** | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
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| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
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| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |
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| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
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| **Reason for leaving:** | | | | | | | | |

| **SECTION D – Competencies** | | | |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| In each of the competency areas below, briefly detail an example that you feel best demonstrates your capacity in the competency area described. You should be mindful that the scale and scope of the examples given demonstrate the competency in question and are appropriate to a post at Clerk of Works level. | | | |
| **(a) Management and Change (250 words max)** | | | |
|  | | | |
| **(b) Delivering Results (250 words max)** | | | |
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| **SECTION D – Competencies** | | | |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **(c) Performance Through People (250 words max)** | | | |
|  | | | |
| **(d) Personal Effectiveness (250 words max)** | | | |
|  | | | |

| **SECTION E – Other Relevant Information** | | | |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Please outline below any other relevant information that you wish to submit in support of your application:** | | | |
|  | | | |
| **Remember, you may be short-listed for interview based on the information that you supply on this application form. Anything that you write may be discussed in more depth should you be called for interview.** | | | |

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| **SECTION F – Referees** | | | | |
| **First Name** |  | **Surname** | |  |
| **Please provide the names of two responsible persons as referees, to whom you are well known but NOT related. The referees should be either a current/previous employer or someone to whom you are known in a professional capacity (If you are currently employed, ideally one of the referees should be your present employer).** | | | | |
| **REFEREE NO. 1** | | | **REFEREE NO. 2** | |
| **NAME & ADDRESS** | | | **NAME & ADDRESS** | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **Please state how this person is known to you, e.g. previous employer, acquaintance, etc.** | | | **Please state how this person is known to you, e.g. previous employer, acquaintance, etc.** | |
|  | | |  | |
| **TELEPHONE NUMBER** | | | **TELEPHONE NUMBER** | |
|  | | |  | |
| **E-MAIL ADDRESS** | | | **E-MAIL ADDRESS** | |
|  | | |  | |

**I declare that the particulars supplied on this application form are correct and I hereby give permission to Sligo County Council to make relevant enquiries with An Garda Síochána/Police.**

**I hereby acknowledge that the information supplied on this application form will be used solely for the purpose of the recruitment process.**

**Signed: Date:**

**NB: Failure to sign this declaration will result in your application being deemed invalid.**

(Typed signatures are acceptable when application is submitted in PDF format – refer to Pt 5 below)

**SLIGO COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER**

**Please complete the checklist below before submitting your application**

***(note: tick boxes can be checked using mouse)***

|  |  |
| --- | --- |
| 1. Have you completed the application form in full? |  |
| 1. Have you signed the Declaration on application form? |  |
| 1. If a holder of a Driving Licence, have you included a scanned copy (Front & Reverse)? |  |
| 1. Have you included documentary evidence of your exam results/qualifications required to establish eligibility for the competition? (Failure to do so will deem your application invalid) |  |
| 1. Have you scanned the application form & required documents as one PDF document?   **(for guidance on how to create a PDF from a MS Word document please refer to** [**www.sligococo.ie/jobvacancies/**](https://www.sligococo.ie/jobvacancies/) **“Creating a PDF – Guidance for Applicants”)** |  |
| 1. Understand that the application must be emailed to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) |  |
| 1. Understand that any interviews for the position will be held in person |  |