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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**

**Before completing this application, you are required to pay particular attention to the following:**

* 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 with the **title of the post, for which you are applying, included in the subject line of the e-mail.**

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 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:** **Clerical Officer – Competition ID: 004602****Closing Date: 4.30 p.m. on Thursday 11th July 2024** |

**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?** | **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?)** |  |
| **How would you rate your current proficiency in Irish (Please choose ONE of the following Levels)** |
| **No Proficiency** | **Poor** | **Basic** | **Professional Working** | **Fluent** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

| **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.** |
| **LEAVING CERTIFICATE/ EQUIVALENT EXAMINATION** |
| **Full title of Qualification & Year obtained -**  | **Subject taken** | **Level – i.e. Honours/Pass, Higher/Ordinary** | **Grade obtained****(e.g. A, B, C, 2.1, 1.1, etc.)** | **School, University, College or Examining Authority** |
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| **OTHER QUALIFICATIONS** |
| **Year obtained & full title of qualification & –e.g. Certificate, Ordinary/Higher Degree, Post Grad, Doctorate etc.** | **NFQ Level as per the National Framework of Qualifications****(please refer to QQI website if unsure)**  | **Name of University, College or Examining Authority** |
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| **SECTION C – Employment Record** |
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| **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.** |
| **Job Title** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title & Employer:** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title & Employer:** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title & Employer:** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title & Employer:** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **Reason for leaving:** |
|  |
| **Job Title & Employer:** |
| **Period in Months** | **From** | **To** | **Status of Grade \*** | **Name and address of employer** |
|  |  |  |  |  |
| **Brief description of Duties (max 150 words):** |
|  |  |
| **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 **Clerical Officer** level (250 words maximum) |
| 1. **Customer Focus**
 |
|  |
| **(b) Planning & Organising Work** |
|  |
| **(c) Teamwork** |
|  |
| **(d) Communicating Effectively** |
|  |
| **(e) Personal Effectiveness** |
|  |

| **SECTION E – Other Relevant Information** |
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| **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.**

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

***Checklist for Applicants***

|  |  |
| --- | --- |
| 1. Application form completed in full?
 | [ ]  |
| 1. Declaration on application form signed?
 | [ ]  |
| 1. Documentary evidence of qualification required to establish eligibility attached? (if applicable)
 | [ ]  |
| 1. Application form & required documents scanned as one PDF document?
 | [ ]  |
| 1. Application to be e-mailed to jobs@sligococo.ie
 | [ ]  |