

**Longford County Council**

**Áras an Chontae, Great Water Street, Longford.**

###### Tel: (043) 334 3452/(043) 334 3396

**e-mail enquiries:** [**hrrecruitment@longfordcoco.ie**](mailto:hrrecruitment@longfordcoco.ie)

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| **Application Form**  **Retained Firefighter**  Competition Ref: RFF/ 0125 |

**Please indicate below which Fire Station you are applying for**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ballymahon** | **Edgeworthstown** | **Granard** | **Lanesboro** | **Longford** |
|  |  |  |  |  |

**Before you complete your application– please read and understand the following:**

* Applications submitted after the closing date and time will not be accepted.
* It is the responsibility of the applicant to ensure:
  + they establish their eligibility for the completion in the official Application Form
  + they complete their application fully, clearly and accurately
  + they submit their application to Longford County Council on time
* Claims relating to the late receipt of applications will not be entertained.
* Applications must be made on the official Application Form - **do not attach or include your CV**
* Applications must be saved as a PDF document and submitted by **email** to [**hrrecruitment@longfordcoco.ie**](mailto:hrrecruitment@longfordcoco.ie).

**(ask at local station or Headquarters for further information,** [**firestation@longfordcoco.ie**](mailto:firestation@longfordcoco.ie)**)**

* Applications submitted by Post, by hand or by fax will not be accepted.
* All applications received will be acknowledged by return email.
* To complete your Application:
  + Complete all sections of the official Application Form fully and include all relevant, detailed and accurate information.
  + Sign the declaration at the end of the Form.
  + Attach copies of your education certificates
  + Save the completed Form with education certificates as one PDF document.
  + Save the completed application with the following naming structure:

“**Retained Firefighter–[Your Name]**” *(e.g.* ***Retained Firefighter-Joe Bloggs****)*

Longford County Council reserves the right to shortlist applications on the basis of the information provided in the application form. It is very important that your application is neat, accurate and well-presented and that you provide relevant and comprehensive information that accurately reflects your experience, skills, competencies and ability to take on the duties of the post. Correspondence throughout this recruitment campaign will be primarily via email – please ensure you state your email address correctly on your Application Form.

***Canvassing by or on behalf of the applicant will automatically lead to disqualification***



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| **Section A – Personal Details** |

|  |  |
| --- | --- |
| **Surname:** | **Forename:** |
| **Address:** | **Home Telephone:** |
| **Work Telephone:** |
| **Mobile Telephone:** |
| **Eircode:** | **Email Address:** |

**Do you possess a full-unendorsed Driving Licence: Yes  No**

**If Yes, Please give details of class of licence (example B, BE, C, C1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Section B – General Education, Academic, Professional or Technical Qualifications |

**General Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | | **Name of Secondary School(s):** | **Examination Taken** | **Subjects** | **Results** |
| **From** | **To** |
|  |  |  |  |  |  |
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# \*Copies of Certificates to establish your eligibility for this position are required to be scanned and submitted with your application via email as outlined on Page 1 of the Application Form

**Academic, Professional or Technical Qualifications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | | **College** | **Title of Qualification Attained:** | **Grade** | **Level in the National Framework of Qualifications**\* |
| **From** | **To** |  |  |  |  |
|  |  |  |  |  |  |
| **Awarding Body:** | |  | | **Date Awarded:** |  |
| **Final Year Examination Subjects:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Dates** | | **College** | **Title of Qualification Attained:** | **Grade** | **Level in the National Framework of Qualifications**\* |
| **From** | **To** |  |  |  |  |
|  |  |  |  |  |  |
| **Awarding Body:** | |  | | **Date Awarded:** |  |
| **Final Year Examination Subjects:** | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Dates** | | **College** | **Title of Qualification Attained:** | **Grade** | **Level in the National Framework of Qualifications**\* |
| **From** | **To** |  |  |  |  |
|  |  |  |  |  |  |
| **Awarding Body:** | |  | | **Date Awarded:** |  |
| **Final Year Examination Subjects:** | | | | | |

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| Section C – Training |

Please outline below any specific training you have undertaken.

**Proof of your training certificate or card must be attached and submitted with your application.**

**TRAINING COURSES UNDERTAKEN**

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| --- | --- | --- | --- |
| **Course Title e.g.** | **Yes/No** | **Awarding Body** | **Expiry date**  **if applicable** |
| **Manual Handling** |  |  |  |
| **Safe Pass** |  |  |  |
| **Health & Safety Training** |  |  |  |
| **First Aid** |  |  |  |
| **Abrasive Wheels** |  |  |  |
| **Cardiac First**  **Responder** |  |  |  |
| **Working At Heights** |  |  |  |
| **Any other courses please list below:** |  |  |  |

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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** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/Full Time** |  |
| **Dates** | **From** | **To** | **Duration in Months** |  |
|  |  |
| **Description of main duties & responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

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| --- | --- | --- | --- | --- |
| **Employer:** | | | | |
| **Address:** | | | | |
| **Nature of Business:** | | | | |
| **Position Held** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/Full Time** |  |
| **Dates** | **From** | **To** | **Duration in Months** |  |
|  |  |
| **Description of main duties & responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

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| --- | --- | --- | --- | --- |
| **Employer:** | | | | |
| **Address:** | | | | |
| **Nature of Business:** | | | | |
| **Position Held** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/Full Time** |  |
| **Dates** | **From** | **To** | **Duration in Months** |  |
|  |  |
| **Description of main duties & responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

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| --- | --- | --- | --- | --- |
| **Employer:** | | | | |
| **Address:** | | | | |
| **Nature of Business:** | | | | |
| **Position Held** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/ Full Time** |  |
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|  |  |
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| --- | --- | --- | --- | --- |
| **Employer:** | | | | |
| **Address:** | | | | |
| **Nature of Business:** | | | | |
| **Position Held** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/Full Time** |  |
| **Dates** | **From** | **To** | **Duration in Months** |  |
|  |  |
| **Description of main duties & responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

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| --- | --- | --- | --- | --- |
| **Employer:** | | | | |
| **Address:** | | | | |
| **Nature of Business:** | | | | |
| **Position Held** | | | **Grade (if Applicable):** |  |
| **Permanent, Temporary or Acting** |  | | **Part Time/Full Time** |  |
| **Dates** | **From** | **To** | **Duration in Months** |  |
|  |  |
| **Description of main duties & responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

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| **Section E – Details of Relevant Experience** |

In relation to the employment record you have supplied, please give details (including dates) of **your experience in the following areas.** You should ensure that the example(s) you use is/are from a recent period in your employment that you feel most equips you for this position. Please refer to the **“Role & Duties”** Section of the Candidate Information Booklet to assist you in completing the sections below.

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| **1. Experience of operating Tools & Equipment (e.g. chainsaw, road saw, consaw, grinders, drills, operation of traffic management systems)**  You should include the following: a) Types of equipment and tools used in previous employment b) Duration and dates you worked with this equipment.  Please ensure all qualifications for tools or equipment are included in **Section C “Training”.** |
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| **2. Experience of Health, Safety and Welfare at Work.**  Please detail duties performed, duration and compliance with Health & Safety requirements.  Please ensure all qualifications in relation to Health & Safety are included in **Section C “Training”.** |
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| **3. Experience in dealing with the public.**  Please provide one specific example (from the current or most relevant year) for the above. |
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| **4. Experience in working as part of a team.**  Please provide one specific example (from the current or most relevant year) for the above. |
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| **5. IT Skills - (experience in the use of email and mobile devices e.g. smartphone, tablet)**  Please provide specific examples for the above. |
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| **Section F – Additional Information** |

#### ACHIEVEMENTS / EXPERIENCE

Please indicate any particular achievement/experience, which you consider an Interview Board, should be aware of when assessing your application for the post of **Retained Firefighter** with the Council.

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#### SUPPORTING ADDITIONAL INFORMATION

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#### MEMBERSHIP OF LOCAL AUTHORITY

Are you now, or have you been at any time an elected member of a Local Authority or Harbour Authority?

Yes  No

If Yes, give date you ceased to be such a member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### PUBLIC SERVICE PENSION

Do you have an entitlement to any preserved pension or any preserved lump sum or any other retirement benefit or have received or are in receipt of retirement benefits under a pre-existing public service pension scheme of which you were/are a member? Yes  No

If Yes, give details of same: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### VOLUNTARY REDUNDANCY

Have you ever accepted voluntary redundancy/early retirement from a local authority or any other public service organisation by which you were employed? Yes  No

If Yes, give details of same: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU REQUIRE A WORK PERMIT/WORKING VISA?** Yes  No

**ACCESS REQUIREMENTS**

The following information is required to enable us to provide any needs you may have if your application is successfully shortlisted for any stage of this competition (e.g. Sign Language).

Do you have a disability? Yes  No

If yes, give details of your specific access requirements, etc., required to accommodate attendance for online interview if successfully shortlisted.

**REFERENCES**

Please give details of the names of two responsible persons, to whom you are well known but not related. These names given should be employers from whom the Council can request a reference and should include your current and former employer, where possible.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **Contact Telephone:** |  |
| **Email address:** |  |
| **Details of Employer:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **Contact Telephone:** |  |
| **Email address:** |  |
| **Details of Employer:** |  |

*I, the undersigned, HEREBY DECLARE all the foregoing particulars to be true and give my permission for enquiries to be made to establish such matters as age, qualifications, experience, character and for the release by other people, agencies/organisations, Garda and past/present employers of such information as may be necessary to Longford County Council for that purpose*

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your submission of this application form is taken as your agreement to be bound by the terms of the competition as set out in the Candidate Information Booklet.**

**Longford County Council reserve the right to shortlist candidates.**

**Canvassing by or on behalf of candidates will lead to their disqualification from the competition.**

**Any employment offered is dependent on the information given in this form being true.**

**False or misleading information or deliberate omissions may result in termination of employment.**

**Expenses incurred by candidates during the course of the competition will be at the candidates own expense.**

***Longford County Council is committed to providing equality of opportunity***

***in all employment practices.***

**Please continue to complete the 3 Documents Below to Verify your eligibility for the Post of Retained Firefighter with Longford Fire Service and submit with your completed application form**



**POST OF RETAINED FIREFIGHTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRE SERVICE**

# MEDICAL HISTORY – AUTHORISATION FORM

**I hereby authorise my doctor,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To supply details of my medical history to the Longford County Council’s Medical Advisor, Dr. Naveed Shams, The Health Clinic, Roscommon Business Park, Racecourse Road, Roscommon. The information given by my doctor to be treated as strictly confidential.

**Signed:** \_\_\_ **Date:**

**Please print name here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**RETAINED FIREFIGHTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRE SERVICE**

**Document to confirm that you live within**

**7 minutes travel time from Granard, Lanesboro, Ballymahon & Edgeworthstown Fire Stations (if applicable)**

I, wish to confirm that I live and work within a 7 minutes travel time from \_\_\_\_\_\_\_\_\_\_\_ Fire Station. If at any time this condition is not fulfilled, I will be required to resign. The Chief Fire Officer must be notified of any change of address or employment.

**Signed:** \_\_\_ **Date:**

**Please print name here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**RETAINED FIREFIGHTER LONGFORD FIRE SERVICE**

**Document to confirm that your employer is willing to release you to attend to the duty of**

**Retained Firefighter.**

I, (employer) wish to confirm that I am willing to release Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name) to attend to the duty of Retained Firefighter.

Please tick (🗸) appropriate box:

I am willing to release the above named employee to attend the duty of Retained Firefighter 🗌

I am not willing to release the above named employee to attend the duty of Retained Firefighter 🗌

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employer)

**Please print name here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Stamp

**To be completed by employee:**

Should I be employed as Retained Fire-fighter and if at any time in the future, there is a change in my permission from my employer to attend to the duty of Retained Firefighter, I must notify the Chief Fire Officer of any change.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee)

**Please print name here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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