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|  | **COMHAIRLE CONTAE MHAIGH EO**  **MAYO COUNTY COUNCIL**    **MAYO FIRE SERIVCE** |  |

# PART-TIME EMPLOYMENT IN THE FIRE SERVICE – KILTIMAGH

**Four (4) copies of this application form, when completed, together with four (4) copies**

**of a Curriculum Vitae (if desired) should be returned to:-**

***The HR Officer, Human Resources Section, Mayo County Council, Aras an Chontae, Castlebar,***

***Co. Mayo F23 WF90***

*not later than* ***4.00 p.m. on Thursday 11th June, 2020.***

**Ref. No: ef. No.**

***Please Note:* Candidates must live and work within a reasonable distance of the Fire Station in which they are seeking employment.**

**See Paragraph 11 of “Terms of Engagement of Retained Fire Personnel”.**

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| **NAME IN FULL:**  ***(Block Letters)*** |  |
| **PRESENT ADDRESS:**  ***(Notify any change at once in Writing)***  **Eircode**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ADDITIONAL CONTACT DETAILS:**  ***(Notify any change at once in Writing)*** | **Home Telephone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mobile Telephone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OCCUPATION:**  **OCCUPATION ADDRESS:**  **EIRCODE:**  **EMPLOYER NAME:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Availability:**    *Are you satisfied that you can comply with Clause 13 of the Terms of Engagement of Retained Fire Personnel?* | **Yes  No**    (Please tick appropriate box) |

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| **DISTANCE TO FIRE STATION:**  ***From your Residential Address*:**  ***From your Occupational Address*:** | **\_\_\_\_\_\_\_\_\_\_\_ km**      **\_\_\_\_\_\_\_\_\_\_\_ km** |

|  |  |
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| **Details of previous Fire Brigade Service (if any):**  **Rank in Fire Service:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Any special qualification relative to Fire-Fighting, e.g., knowledge of pumps, hydraulics, water supply, care and maintenance of internal combustion engines, etc.:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DRIVING LICENCE DETAILS:**  **Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **A** | | **B** | **C** | | **D** | | **E+** | | | | | | **A1** | **A** | **B** | **C1** | **C** | **D1** | **D** | **B** | **C1** | **C** | **D1** | **D** |   **Categories of Licence held:**  (Please circle as appropriate) |
| **State whether you have, as a driver, ever been involved in any motor accident:**    **Yes  No** (Please tick appropriate box)    ***If yes, please give details below***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **State whether your driving licence has ever been suspended or endorsed:**    **Yes  No** (Please tick appropriate box)  ***If yes, please give details below***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**PARTICULARS OF EDUCATION**

**SECOND LEVEL EDUCATION:**

|  |  |  |
| --- | --- | --- |
| **School or College Attended** | **Period** | **Standard Attained**  **(i.e. Junior Cert, Leaving Cert)** |
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**THIRD LEVEL EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree, Diplomas, etc.** | **Grade Obtained (e.g. Pass; 2.2; 2.1;1; etc)**  **Please list each subject taken in Final Exam** | **University, College or Examining Authority** | **Year in which Degree / Qualification was obtained** |
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**OTHER QUALIFICATIONS:**

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| --- | --- | --- | --- |
| **Name of Course** | **Description of Course Content** | **Date(s)** | **Course Provider** |
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**EMPLOYMENT RECORD**

***(Commencing with most recent Employment)***

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| **DATES** | | | **NAME & ADDRESS**  **OF EMPLOYER** | **TITLE OF POST HELD, DESCRIPTION OF DUTIES, ETC.** |
| **PERIOD IN MONTHS** | **FROM** | **TO** |
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**KEY ACHIEVEMENTS**

In the following section of the application form we are interested in discovering, what are your key strengths and achievements, which make you particularly suitable for the role of

**Retained Firefighter**

In each of the competency areas below briefly detail 1 example which you feel best demonstrates your capacity in the competency area described. You may use the same examples across more than one competency area should you so wish. Your examples should show clearly how you have demonstrated the particular competency. You should be mindful that the scale and scope of the examples given demonstrate the competency in question and are appropriate to the position.

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| 1. **Communication/Interpersonal Skills** |
| Candidates will be required to demonstrate their ability to:   * Demonstrate effective interpersonal and communication (verbal and written) skills including skills in multi-disciplinary working and the ability to collaborate with colleagues. |
| **Please give examples of where you have demonstrated this.** |
|  |
| 1. **Teamwork/Working with Others** |
| Candidates will be required to demonstrate their ability to:   * Demonstrate a clear understanding of Teamwork and group dynamics and contribute fully to the team effort and play an integral part in the smooth running of teams without necessarily taking the lead. |
| **Please give examples of where you have demonstrated this.** |
|  |
| 1. **Adaptability/Flexibility** |
| Candidates will be required to demonstrate their ability to:   * Adjust to changing environments whilst maintaining effectiveness. Modify his or her approach to achieve a goal. Is open to change and new information; rapidly adapts to new information, changing conditions, or unexpected obstacles. |
| **Please give examples of where you have demonstrated this.** |
|  |
| 1. **Relevant Knowledge/Organisational Awareness** |
| Candidates will be required to demonstrate their ability to:   * Demonstrate an understanding and knowledge of the Local Government services and structure including the Retained Fire Service. * Demonstrate an awareness of the operational abilities of Mayo Fire & Rescue Service and the demands placed on members of the Retained Fire Service. * Demonstrate an understanding and knowledge of company policies and procedures (including Health and Safety) and the ability to conform with same. |
| **Please give examples of where you have demonstrated this.** |
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Are you currently, or have you been within the past twelve months an Elected Member of a Local Authority? **Yes  No**

*If Yes, please provide Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Are you at present employed by a Local Authority or any other public service organisation in the state? **Yes  No**

*If Yes give: (i) Name of Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(ii) Details of Service:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in receipt of a superannuation allowance in respect of previous employment under a Local Authority or any other public service organisation? **Yes  No**

*If Yes give: (i) Particulars of Pension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(ii) Date Granted:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you require any special facilities/arrangements for the interview? Yes  No**

**PLEASE INDICATE ANY PARTICULAR EXPERIENCE / ACHIEVEMENTS OR ADDITIONAL INFORMATION WHICH YOU CONSIDER RELEVANT TO YOUR APPLICATION FOR THIS POSITION**

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**REFEREES**

Please give below the name and address of your present or most recent employer, or a responsible person to whom you are not related, whom we can contact for a reference:

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| --- | --- |
| **FIRST REFEREE** | **SECOND REFEREE** |
| **Name:** | **Name:** |
| **Occupation:** | **Occupation:** |
| **Address:** | **Address:** |
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| **Telephone No.:** | **Telephone No.:** |

***Before signing this form, please ensure that you have replied fully to all questions asked. You should also satisfy yourself that you are eligible under the regulations. 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 and give my permission for any enquiries to be made to establish such matters as qualifications, experience, character and for the release by other people, agencies, Garda/Police authorities or organisations, of such information as may be necessary to Mayo County Council for that purpose. This may include enquiries prior to employment from past/present employers and the submission of the application is taken as consent to this.***

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE NOTE THAT CANVASSING BY, OR ON BEHALF OF APPLICANTS, WILL DISQUALIFY THEM FROM THE COMPETITION***

***Mayo County Council is an Equal Opportunities Employer***

***Tá an Comhairle tugtha do Pholasaí Comhionannais Deiseanna***

***The information supplied in this form is held on the understanding of confidence subject to the requirements of the Freedom of Information Act 1997 or other legal requirements.***

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|  | **Appendix A**  **COMHAIRLE CONTAE MHAIGH EO**  **MAYO COUNTY COUNCIL**    **MAYO FIRE SERIVCE** |  |

**FORM FS1 Fire Service Cardiac Screening Questionnaire**

As part of the Recruitment and Selection Procedure for applicants to the Retained Fire Service you will be asked to undertake a number of physical tasks to assess basic fitness including tests for vertigo, claustrophobia, dexterity and endurance etc. Prior to undertaking the Selection Tests you must complete the form below and submit same to the HR Officer, Human Resources Section, Mayo County Council, Aras An Chontae, The Mall, Castlebar, Co. Mayo F23 WF90 by **4pm on Thursday, 11th June, 2020.**

Please note that a detailed physical exam by GP is not required and that any **expenses incurred in this matter are to be paid by you**

**Part A: TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Part B: TO BE COMPLETED BY YOUR GP:**

Re: Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On review of the medical history and of the information available to me at this time, the above named has no known contra-indications to undertaking basic fitness tests (outlined above) as part of the recruitment and selection process for the Fire Service.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Official Stamp

Irish Medical Council No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# IMPORTANT CHECKLIST AND NOTES

**Application for the post of Retained Firefighter**

**Closing date for receipt of applications: 4:00 p.m. on Thursday, 11th June, 2020.**

* This application form (4 copies) should be submitted fully completed to the HR Officer, Human Resources Section, Mayo County Council, Áras an Chontae, The Mall, Castlebar Co. Mayo F23 WF90 not later than **4.00 p.m. on Thursday, 11th June, 2020.**
* Responsibility rests with the applicant to ensure the application form, in full (x4), is received on time by the Human Resources Section of Mayo County Council.

**4 x Hard copies only, application** **forms are not accepted by e-mail.**

* Candidates who send their application by post should allow sufficient time to ensure delivery not later than the latest time for acceptance. Allegations that any application form or letter relating to it has been lost or delayed in the post will not be considered by the Council unless a Post Office Certificate of Posting is produced in support of such allegations. Responsibility to make contact with An Post regarding any delay rests with the applicant.
* Before you return the form, please ensure that you have completed all sections and that you have signed the declaration at the end of the form.
* You should satisfy yourself that you are eligible under the criteria set out for the position. The Council cannot undertake to investigate the eligibility of candidates in advance of the interview and hence persons who are ineligible, but nevertheless enter, may thus put themselves to unnecessary expense. Candidates attend for interview at their own expense.
* Please note that you will be asked to provide evidence of the level of your qualifications on the National Framework of Qualifications and copy of certificates verifying qualifications and/or transcripts. The onus is on candidates to establish eligibility in this application form.
* Original certificates will be required prior to any appointment.
* Applications may be short-listed on the basis of the information provided on the application form and it is expected that given the qualifications and experience of prospective applicants that the short-listing requirements will be significantly higher than the minimum qualifications and experience requirements set out for the post.

**Applicants are reminded that any attempt by themselves or by any persons acting on their behalf directly or indirectly by means of written communication or otherwise to canvass or otherwise influence in the applicants favour any employee of the County Council or persons nominated by the Chief Executive to interview or examine applicants, will automatically disqualify the applicant for the position they are seeking.**