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| Donegal Co Co (Brand) F+1 Compressed | | | | |
| **General Operative – Parks & Open Spaces**  **Application Form**  **Closing Date: 12 Noon, Monday 13 January 2020** | | | | |
| **Section 1 – Personal Details** | | | | |
| **Title:** | **First Name:** | | **Surname:** | |
|  |  | |  | |
| **Address – For Correspondence Purposes:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Contact Details:** | | | | |
| *Work Phone:* |  | *Extn Number:* | |  |
| *Home Phone:* |  | *Mobile Number:* | |  |
| *Email Address:* |  | | | |
| ***Note:***  Please ensure that you have read the Information Booklet prior to completing your application.  You must ensure that all sections of this application form are completed in full.  In the event that short-listing of applicants is required, the Council will examine the application forms and assess them against a set of pre-determined criteria based on the requirements of the position.  It is therefore in your own interest to provide a detailed and accurate account of your qualifications/experience on the application form. | | | | |

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| **First Name:** |  | **Surname:** |  |

### Section 2 – Education & Training

Please provide details of any relevant courses or training you have received (for example CSCS Signing Lighting & Guarding at Roadwork’s, Location of Underground Services, Safepass) other courses could include first aid, manual handling, computer skills, ECDL etc.

Please use a continuation sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Course and Duration of Course | Year received | Expiry Date (if applicable) | Type (e.g. Construction Skills Certification Scheme (CSCS) or internal company or other | Card / Certificate Reference number (if applicable) |
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| **First Name:** |  | **Surname:** |  |

### Section 2 – Education & Training (Continued).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Course and Duration of Course | Year received | Expiry Date (if applicable) | Type (e.g. Construction Skills Certification Scheme (CSCS) or internal company or other | Card / Certificate Reference number (if applicable) |
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| **First Name:** |  | **Surname:** |  |

### Section 3 – Employment Record

Give below, in reverse date order, full particulars of all employment (including any periods of unemployment) between the date of leaving school or college to present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set the information out in the same manner as below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details** | | | **Title of post held,**  **short description of duties.** | **Name and address of employer, contractor, sub-contractor** |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |
|  | | | | |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |
|  | | | | |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |

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| **First Name:** |  | **Surname:** |  |

### Section 3 – Employment Record (continued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details** | | | **Title of post held,**  **short description of duties.** | **Name and address of employer, contractor, sub-contractor** |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |
|  | | | | |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |
|  | | | | |
| *From:* |  |  |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Salary* |  | |
| *Reason for Leaving:* | | |  | |

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| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience

In each of the competency areas below briefly detail two examples of your work experience which you feel best demonstrate your capacity in the competency area described. You may use the same examples across more than one competency area should you so wish. 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 **‘General Operative – Parks & Open Spaces’** level. *[See Information for Candidates booklet.]*

|  |
| --- |
| **(a)** **Relevant Knowledge and Experience** (open spaces maintenance work, e.g. lawns, shrubs and flower beds and borders) **(350 words max):** |
|  |

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| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

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| **(b) Experience in Hard Landscaping Works** (general construction skills e.g. paving, kerbing, fencing) **(250 words max)** |
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| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

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| **(c) Knowledge in Safety, Health & Welfare at work (250 words max)** |
|  |

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| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

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| **(d) Experience in dealing with the public:**  Reference should be made to the following: (i) Role (ii) Issue to be dealt with  **(250 words max)** |
|  |

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| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

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| **(e) Please provide any other information that you feel is relevant in support of your application (250 words max).** |
|  |

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| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 5 – Competence Checklist

|  |
| --- |
| Please answer the following questions in relation to your competence to carry out certain duties. You should answer each question with a **yes or no** and provide details where requested. Answering no to a question will not exclude any person. However, responses will be checked where interviews are held and may be used to shortlist. Where indicated, please provide any details of experience or training. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **If you have answered yes please provide details including duration and when you carried out this type of work** | **If you have answered yes please provide details of any training you have received (e.g. CSCS cards)** |
| Do you have a CSCS Safe Pass Card? |  |  |  |  |
| Have you ever been employed for grass/hedge cutting duties? |  |  |  |  |
| Are you a competent dumper operator? |  |  |  |  |
| Are you competent to operate cable avoidance tools, and locate underground services? |  |  |  |  |
| Are you competent to operate a mini digger? |  |  |  |  |
| Are you competent to operate a ride on roller? |  |  |  |  |
| Are you competent to operate a tractor? |  |  |  |  |
| Are you competent to operate a ride on/ tractor mounted grass cutter? |  |  |  |  |
| Are you competent to operate an excavator? |  |  |  |  |
| Have you received any manual handling training & do you have experience of manual handling? |  |  |  |  |
| Have you ever carried out any fencing works? |  |  |  |  |
| Are you competent to carry out Signing, Lighting and Guarding on Roads? |  |  |  |  |
| Have you completed the CSCS course for Health and Safety at Road Works? |  |  |  |  |

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| **First Name:** |  | **Surname:** |  |

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| Section 6 – Driving Licence | | | | | | | | | | | |
| (a) Do you hold a current driving licence? | | | | | | *Yes:* | |  | *No:* |  | |
|  | | | | | | | | | | | |
| (b) If Yes, please tick which of the following licence categories you currently hold. | | | | | | | | | | | |
| **B** | **BE** | **C** | **CE** | **C1** | **C1E** | | **D** | **DE** | **D1** | | **D1E** |
|  |  |  |  |  |  | |  |  |  | |  |
|  | | | | | | | | | | | |
| (c) Do you have access to your own transport? | | | | | | *Yes:* | |  | *No:* | |  |

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| Section 7 – References | |
| Please provide the names of two responsible persons as referees to whom you are well know but *NOT* related. If you are currently employed, one of the referees should be a present employer.***Please give full address of each referee*** | |
| Referee No. 1 | Referee No. 2 |
| Name: | Name: |
| Address: | Address: |
| Contact number: | Contact number: |
| Email address: | Email address: |

|  |  |
| --- | --- |
| Section 8 – Declaration | |
| **I, the applicant, in submitting this application, hereby declare all the foregoing particulars to be true. I also authorise Donegal County Council to conduct reference checks and qualification checks, as required.** | |
| Name: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

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| Section 9 – Check List – General Operative – Parks & Open Spaces | |
| **Before you return your application form, please ensure that you have checked and included the following with your application.** | |
| Indicate “Yes” with an X or insert “not applicable” as NA. | **X or NA** |
| I have enclosed a fully completed application form (Section 1 – 7) |  |
| I have signed and dated the Declaration (Section 8) |  |
| I have downloaded / saved a copy of the Information Booklet for the competition for future reference |  |

|  |  |
| --- | --- |
| To help us gauge the efficiency of our advertising strategy, we would appreciate if you could indicate in the table below where you saw this campaign advertised. | |
| Donegal County Council Website |  |
| Social Media e.g. DCC Facebook Page |  |
| Local Newspaper |  |
| Word of Mouth e.g. colleague / line manager |  |

Notes

***Applicants should read these notes and the Information for Candidates Booklet carefully before completing the application form.***

**Completion of the Application Form**

Before you return your application form, please ensure that you have completed all sections and that you have signed the declaration. It is the responsibility of candidates to establish their eligibility for the post through the information provided in the application form.

Please do not submit a CV with this application. Only information contained in the application form will be considered when assessing an applicant’s suitability for the post.

Candidates may be short-listed on the basis of information supplied on this application form.

Please ensure that you have certified copies of all qualifications, as indicated on this application form, available for inspection, if requested.

**Submission of Application Form**

Completed application forms should be returned as an attachment in either Word or PDF format by **email** to [vacancies@donegalcoco.ie](mailto:vacancies@donegalcoco.ie).

Please include ***“General Operative – Parks & Open Spaces”*** as a reference in the subject line when emailing the application.

Alternatively, the Application Form, when completed, can be returned by post to:

Human Resources Department

Donegal County Council

Three Rivers Centre

Lifford

Co. Donegal

Completed applications must be received not later than 12 Noon on Monday 13 January, 2020.

Late applications will not be accepted.

**Proof of receipt of Application Form**

Applications submitted by email will be acknowledged automatically. Please keep this acknowledgement as proof of delivery and receipt of your application.

If you do not receive an acknowledgement within 24 hours, please contact the Human Resources Department immediately at 074 91 72217. It is the responsibility of candidates to ensure the proper delivery and receipt their applications.

**Further Queries**

By email: [vacancies@donegalcoco.ie](mailto:vacancies@donegalcoco.ie)

By telephone: 074 9172217

Important!

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

*Donegal County Council is an Equal Opportunities Employer*