

# Part Time Retained Fire Fighter Application Form

## Closing Date: 12 Noon, Monday, 30 January 2023

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| **Sectio** | | **n 1 – Personal Details** |
| *1.1* | *Full Name* |  |
| *1.2* | *Home address* |  |
| *1.3* | *Home Telephone No.:* |  |
| *1.4* | *Work Telephone No.:* |  |
| *1.5* | *Mobile Telephone No.:* |  |
| *1.6* | *Email Address:* |  |

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| **Section 2 – Fire Brigade Area** | |  |
| *2.1* | *Please indicate Fire Brigade Area to which you wish to apply (please Tick*✓*):* |  |
|  | Stranorlar |  |
|  | Donegal Town |  |
|  | Killybegs |  |
|  | Falcarragh |  |
|  | Glencolmcille |  |

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|  | *Full Name:* |  |
| **Section 3 - Health** | |  |
| *3.1* | *State of Health:* |  |
| *3.2* | *Are you free from any bodily infirmity?* |  |
| *3.3* | *Have you ever been treated for alcohol/ substance abuse?* |  |

##### Please see Appendix I – Consent to release medical records form- To be completed and returned with the application form

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| **Section 4 – Home and Work Locations** | |
| *4.1* | *Distance from place of* ***residence*** *to Fire Station (km):* |
|  | ***Notes:***   * 2.5 kilometres for Stranorlar Fire Station and Donegal Town Fire Station. * **3.0 kilometres** for **Killybegs Fire Station**, **Falcarragh Fire Station** and   **Glencolmcille Fire Station**.  *Distance will be independently checked.* |
|  |  |
| *4.2* | *Please provide any two of the following as evidence of* ***place of residence*** *(originals only):* Attached (please Tick✓) |
|  | * *Recent utility bill i.e. ESB, Bord Gáis, Telecom, Water* |
|  | * *Current Year Notification of Determination of Tax Credits* |
|  | * *Current Drivers Licence and/or Motor/ Household Insurance or Motor Tax documents* |
|  | * *Other – any other acceptable documentation that confirms your place of residence* |
|  |  |
| *4.3* | *Distance from place of* ***work*** *to Fire Station (km):* |
|  | ***Notes:***   * **2.5 kilometres** for **Stranorlar Fire Station** and **Donegal Town Fire Station**. * **3.0 kilometres** for **Killybegs Fire Station**, **Falcarragh Fire Station** and   **Glencolmcille Fire Station**.  *Distance will be independently checked.* |

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| *Full Name:* | |  | | |
| **Section 5 – Education and Professional Qualifications** | | | | |
| *5.1* | *State the standard of education reached with particulars of certificates obtained:* | | | |
| **School Attended** | | **Dates** | **Examination Taken** |
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| *5.2* | *Particulars of any Trade, Technical or Professional Qualifications you have:* | | | |
| **Type of Qualification** | | **Conferring Body** | **Date of Certificate** |
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|  | *Full Name:* |
| **Section 6 – Employment Status** | |
| *6.1* | *Please indicate your current Status of Employment by ticking the relevant category below: (please Tick*✓*)* |
|  | * *Employed full-time* |
|  | * *Employed part-time* |
|  | * *Self-employed* |
|  | * *Unemployed* |
|  | ***Note:*** *Your employment status will be checked by Donegal County Council prior to appointment.* |
|  |  |
| *6.2* | *Please provide an original of any one of the following as evidence of your employment status: Attached (please Tick*✓*)* |
|  | * *Letter from employer confirming your employment* |
|  | * *Letter confirming that you are in receipt of Social Welfare payments* |
|  | * *Work ID (with recent dates)* |
|  |  |
| *6.3* | Do you have your employer’s permission to join the Fire Service? |
|  | If employed / self-employed, please provide one of the following:  *Attached (please Tick*✓*)* |
|  | *For employed applicants (full-time or part-time):*   * ***Appendix II form – to be completed by your employer and returned along with your application form.*** |
|  | *For self-employed applicants:*   * ***Appendix II form - to be completed by you and returned along with your application form.*** |
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| *6.4* | Are you prepared to turn out day and night, seven days a week? |

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|  | *Full Name:* |  |
| **Section 7 – Employment History** | | |
| *7.1 Particulars of Employment to Date (a separate sheet may be attached if necessary):* | | |
| ***Dates*** | ***Title of post held and***  ***short description of duties.*** | ***Name & address of Employer*** |
| *From:* |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Reason for leaving:* | | |
| *From:* |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Reason for leaving:* | | |
| *From:* |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Reason for leaving:* | | |
| *From:* |  |  |
| *To:* |  |  |
| *Period in Months:* |  |  |
| *Reason for leaving:* | | |

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| *Full Name:* | | | |  | | |
| **Section 7 – Employment History (continued)** | | | | | | |
| ***Dates*** | | | ***Title of post held and***  ***short description of duties.*** | | ***Name & address of Employer*** | |
| *From:* | |  |  | |  | |
| *To:* | |  |
| *Period in Months:* | |  |
| *Reason for leaving:* | | | | | | |
| *From:* | |  |  | |  | |
| *To:* | |  |
| *Period in Months:* | |  |
| *Reason for leaving:* | | | | | | |
| *From:* | |  |  | |  | |
| *To:* | |  |
| *Period in Months:* | |  |
| *Reason for leaving:* | | | | | | |
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| *7.2* | *Have you served with the Defence Forces / Auxiliary Fire Services / Ambulance Service / An Garda Síochána?* | | | | |  |
| *If yes, what unit and the period served?* | | | | | |
|  | | | | | |
| *7.3* | *Were you ever rejected for entry into the Defence Forces / National Ambulance Service / An Garda Síochána / Auxiliary Fire Services?* | | | | |  |
| *If Yes, please explain why.* | | | | | |
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|  | *Full Name:* |
| **Section 8 – Details of Relevant Experience** | |
| In each of the competency areas below briefly detail two examples of your work experience from the information provided at 7.1 above 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 Part Time Retained Fire Fighter. *[See Information for Candidates booklet.]*  *You should ensure that the examples you provide are from recent periods of employment.* | |
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| *8.1* ***Technical Knowledge, including Health, Safety & Welfare (250 words max)*** | |
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| *Full Name:* | |  |
| *8.2* | ***Experience dealing with the public (250 words max)*** | |
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|  | *Full Name:* |
| **Section 8 – Details of Relevant Experience (continued)** | |
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| *8.3* ***Experience which demonstrates initiative (250 words max)*** | |
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| *Full Name:* | |  |
| *8.4* | ***Experience which demonstrates ability to deliver results (250 words max)*** | |
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| *Full Name:* | |  |
| *8.5* | **Please provide any other information that you feel is relevant in support of your application (250 words max).** | |
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| *Full Name:* | | | |  | | | | | | | |
| **Section 9 – Driving Licences** | | | | | | | | | | | |
| *9.1* | *Do you hold a current driving licence?* | | | | | | | | |  | |
| *9.2* | *If Yes, please tick which of the following licence categories you currently hold:* | | | | | | | | | | |
| **B** | **BE** | **C** | | **CE** | **C1** | **C1E** | **D** | **DE** | **D1** | **D1E** |
|  |  |  | |  |  |  |  |  |  |  |
| ***Note:*** *Category B licence is a pre-requisite for the post of Retained Fire Fighter.*  ***A Category B Learner Permit is not acceptable.*** | | | | | | | | | | |

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| **Section 10 – References** | |
| Please provide the names of two responsible persons as referees to whom you are well known but *NOT* related. If you are currently employed, one of the referees should be a present employer. | |
| *Referee No. 1 -* | *Referee No. 2* |
| *Name:* | *Name:* |
| *Address:* | *Address:* |
| *Contact number:* | *Contact number:* |
| *Email address:* | *Email address:* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Full Name:* | | | |
| **Section 11 – Self-disclosed Criminal Record** | | | |
| *11.1 Hav* | *e you a criminal record in Ireland or elsewhere?* | | |
| *11.2 If Yes, please provide details below.* | | | |
| ***Date Court Name*** | | ***Offence Summary*** | **Court Outcome/ Cases pending/ Appeals** |
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***Please see Appendix III – Vetting Invitation Form (NVB1) - To be completed and returned with the application form.*** This form will only be utilised if and when the applicant is successful in progressing to garda vetting stage. An invitation to be vetted is not to be taken as an offer of employment.

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| **Section 12 – Declaration & Consent** | |
| **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, qualification checks, and Garda Vetting, as required.** | |
| *Name:* |  |
| *Date:* |  |

***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 submit your application form, please ensure that you have completed all sections, that you have signed the declaration, and that you have included all of the required accompanying documents. 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.

The submission of false or misleading information will render an application invalid, for example where an applicant deliberately provides misleading information with regard to distances from places of residence or work (*Section 4 of Application Form*).

Submission of Application Form

This Application Form including Appendices I, II & III, when completed, should be returned **by post** to:

***Human Resources Department, Donegal County Council, Three Rivers Centre, Lifford, Co. Donegal, F93 Y622***

Or as an attachment in either Word or PDF format **by email** to [vacancies@donegalcoco.ie](mailto:vacancies@donegalcoco.ie)

Please include “***Part-time Retained Fire Fighter***” in the subject line when emailing the application.

Completed applications must be received not later than 12 Noon on Monday, 30 January, 2023.

***Late applications will not be accepted***

The Council will retain information furnished by you for the purpose of verification of residence and status of employment. All information contained herein will be treated as strictly private and confidential. All original documents will be returned.

The National Vetting Bureau (Child and Vulnerable Persons) Act, 2012 places a statutory obligation on Donegal County Council, as a relevant organisation, not to employ any person whose work involves the provision of services and/or activities to children or vulnerable persons unless satisfactory vetting has been received in respect of that person. The nature of the duties of Fire Fighter personnel is deemed to fall into a category requiring vetting.

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 72221.

It is the responsibility of candidates to ensure the proper delivery and receipt of their applications. If you are submitting a postal application, it would be advisable to obtain a certificate of posting from your Post Office.

Further Queries

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

By telephone: 074 91 72221

***Important!***

***Canvassing by or on behalf of the applicant will automatically disqualify. Donegal County Council is an Equal Opportunities Employer***

***Appendix I***

***CONSENT TO RELEASE MEDICAL RECORDS FORM***

**Patient Details:**

Name:

Address:

Contact Number(s):

Date of Birth:

With regard to my application for the position of Part Time Retained Firefighter with Donegal County Council I hereby consent to the Council contacting my GP to ascertain my medical suitability to carry out the demands of the post I am applying for. I understand that the information disclosed will be treated with the upmost confidentiality.

**GP Details:**

Name of my GP:

Address of my GP:

Contact details of my GP:

Signed:

(Print Name):

Date:

***Appendix II***

***LETTER OF RELEASE TO ATTEND FIRE BRIGADE DUTIES***

All retained fire fighters must be permitted and free to attend all emergency incidents, training and other such duties as deemed necessary by the Chief Fire Officer to fulfil their duties as a retained fire fighter.

In the event of an emergency incident, retained fire fighters must respond immediately, without delay.

In the event of training and other such events as deemed necessary the Chief Fire Officer, reasonable notice will be given to the retained fire fighter.

I fully understand the above and agree to release to attend **all** emergency incidents, training and other such duties as deemed necessary by the Chief Fire Officer.

Print name:

Signed:

Name of Company / Employer:

Address of Company / Employer:

Company Stamp:

***Note: Person signing letter of release must have the authority to release employee***

##### Appendix III



**Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible. The Form should be completed in ball point pen.

Photocopies will not be accepted.

**All applicants will be required to provide documents to validate their identity *(e.g.***

***a copy of your Driv er’s Licence or Passport).***

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

**Personal Details**

Insert details for each field, allowing one block letter per box. For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

**Role Being Vetted For**

The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice.

**Declaration of Application**

**The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.**

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| **Please return completed vetting invitation to:** Garda Vetting Section Human Resources, DCC 3 Rivers Centre  Lifford  Co. Donegal. |  | **Your Ref:** |
| **Form NVB 1** | | |
| **Vetting Invitation** | | |

**Section 1 – Personal Information**

**Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence**

**statement for the purpose of obtaining a vetting disclosure.**

**to make a false**

**Forename(s):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |  | | | | | | | | | | | | | | | |
| **er:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Middle Name:**

**Surname: Date Of Birth:**

**Email Address:**

**Contact Numb**

**Role Being Vetted For:**

**Current Address:**

**Line 1:**

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**Line 2:**

**Line 3:**

**Line 4:**

**Line 5:**

**Eircode/Postcode:**

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| **Section 2 – Additional Information** | |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name Of Organisation:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I have provided documentation to validate my identity as required *and***  **I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box** | | | | | | | | | | | | | |
| **Applicant’s** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Signature:** |  | **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** |  | **Y** | **Y** |
| **Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.** | | | | | | | | | | | | | |