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| Application form **for the position of:** | Retained Fire-Fighter – Abbeyfeale Brigade |

**Completed application form will only be accepted in e-mail format**. Please e-mail to[**recruitment@limerick.ie**](mailto:recruitment@limerick.ie)so as to arrive no later than **Wednesday, 6th May 2020**

**1.** Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Postal Address (BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you under 55 years of age? \_\_\_\_\_\_\_\_\_\_\_\_ **YES □ NO □**
2. Name and address if present employer (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. In what capacity are you employed i.e. current Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. How long in present employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will your employer release you during normal working hours to attend callouts?

**YES □ NO □**

1. Please confirm the following:

Number of miles from home to Fire Station \_\_\_\_\_\_\_\_\_\_\_\_ miles

**and**

Number of miles from place of employment to Fire Station \_\_\_\_\_\_\_\_\_\_\_\_ miles

1. Do you hold a current, full, unendorsed Class B driving licence? **YES □ NO □**
2. Does your driving licence include Class C? **YES □ NO □**
3. Do you have access to private transport? **YES □ NO □**
4. Have you experience of driving heavy vehicles? **YES □ NO □**
5. Please give details of any special qualifications, training or experiences relevant to the job in areas such as construction, working with machinery, electrical equipment, mechanical experience, medical training, driver training, health and safety etc:

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**15. GENERAL EDUCATION:-**

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| --- | --- | --- | --- | --- |
| School or College  Attended | From | To | Examinations | Results |
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**16. EMPLOYMENT RECORD:-**

Give below, in date order, full particulars of all employment (including also any periods of unemployment) starting with your current position to the date of leaving school or college.

No period between these dates should be left unaccounted. If it is necessary to continue on a separate sheet, please set out the information in the same manner as below. **Candidates may be shortlisted for interview on the basis of information supplied on their applications.**

**\*(must be completed)\***

|  |  |  |  |
| --- | --- | --- | --- |
| FROM | **TO** | **Name & Address of Employer** |  |
| **Job Title** |  |
|  |  | **Description of duties/responsibilities:** | |
| FROM | **TO** | **Name & Address of Employer** |  |
| **Job Title** |  |
|  |  | **Description of duties/responsibilities:** | |
| FROM | **TO** | **Name & Address of Employer** |  |
| **Job Title** |  |
|  |  | **Description of duties/responsibilities:** | |

**17.** Having regard to the requirements set out in the Briefing Document, please indicate

below any particular skills and experience you have acquired which the Interview Board should be aware of. Please support your answer by examples from your experience to date.

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**18.** Have you ever been convicted of a criminal offence? **YES □ NO □**

If so, please give details:

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

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

**19.** If offered appointment when could you take up duty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20.** Names and addresses of two responsible persons to whom you are well known but not related and to whom reference may be made as to character. (If you are or have been in employment, one of the referees should be your most recent employer):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Occupation:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Occupation:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **E-mail:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **E-mail:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact No:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact No:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**21.** Name and address of your doctor **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

I hereby authorise Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to give full information about my medical

fitness to Limerick City & County Council for the purpose of determining my medical

suitability for employment as a Retained Fire-Fighter.

Before signing this form please ensure that you have replied fully to all questions. You should also satisfy yourself that you are eligible under the Qualifications.

**I, the undersigned, hereby declare all the foregoing particulars to be true.**

**I have read the Conditions attached to membership of the Fire Service and if successful, agree to be bound thereby.**

## Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_