

**Vacancy for Seasonal** **Temporary Driver/Operator Grade VI (Road**

**Works Programme 2025)**

This application form, when completed, should be returned to Human Resources Section, Civic Offices, Emmet Street, Clonmel, not later than **4 .00 p.m. on Thursday, 13th February, 2025.**

**4 copies of application form must be submitted on hard copy only**

#####

**Applicants must indicate the Area for which they wish to apply. (Please note you may apply for both areas).**

1. **Clonmel 🞏**
2. **Nenagh 🞏**

**1.** Name in full (BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Postal Address (BLOCK LETTERS) (Notify at once, in writing, any change. An acknowledgement will be sent)

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1. Eircode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Telephone No.(s):- Private: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If you may be contacted there)

 Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you claim to fulfil all the requirements set out in the Qualifications for the office?

**YES NO**

1. **GENERAL EDUCATION:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School or CollegeAttended | From | To | Examinations | Results |
|  |  |  |  |  |
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1. **PROFESSIONAL QUALIFICATIONS:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Title Degree(s)Qual(s) held | Type & Grade ofHonours (1st or 2nd Class, Gr I or II) | Subject(s) in finalExam | University,College orExaminingAuthority | Year Degree /Qual. Obtained |
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1. **BRIEF SUMMARY OF EXPERIENCE:**

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| **From** | To | Title of Post | Employer |
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**8. PREVIOUS EMPLOYMENT RECORD :**

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| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS****OF EMPLOYER:** |

|  |
| --- |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, ETC.:** |
| **Previous Employment Record contd…** |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS****OF EMPLOYER:** |

|  |
| --- |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, ETC.:** |

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS****OF EMPLOYER:** |

|  |
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| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, ETC.:** |
| **9. Please indicate any particular experience and/or achievements you consider an Interview Board should be aware of when assessing your application for the post of Seasonal Temporary Driver/Operator, Grade VI.** |
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| **10. Please outline any other supporting information that you consider would be relevant to**  **your candidature for this particular post.** |
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**11.** 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 an existing or former employer):

(a) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 Do you have any objections to the Council seeking references from your

present or previous employers? Yes: No:

1. A comprehensive C.V. may be submitted with the application form.

If you are submitting a CV please ensure that 4 copies are provided

*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. The County 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.**

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

PLEASE SUBMIT 4 COPIES OF THE APPLICATION FORM IN HARD COPY

* **Shortlisting may be applied depending on qualifications and experience**
* Candidates who send their applications by post should allow sufficient time to ensure delivery not later than the latest time for acceptance.
* Any claim in relation to the late receipt of application forms will not be entertained unless such claim is supported by a certificate of evidence of postage from the appropriate postal authority

### TIPPERARY COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER