**ASSISTANT CHIEF FIRE OFFICER**

**APPLICATION FORM**

**APPLICATION FORMS MUST BE TYPED**

**APPLICATION NUMBER**

(FOR INTERNAL USE ONLY)

|  |
| --- |
|  |

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

* This competition is for the role of **ASSISTANT CHIEF FIRE OFFICER** with Mayo County Council.
* Please refer to the information booklet for this post regarding eligibility for the post.
* The application form, when completed, should be emailed directly to [recruitment@mayococo.ie](mailto:recruitment@mayococo.ie) on or before **4 pm on Thursday 24th October 2024.**
* Please refer to Page 14 for instructions on submitting your completed form.

PERSONAL DETAILS

|  |  |
| --- | --- |
| NAME IN FULL  (Block Letters) |  |

|  |  |
| --- | --- |
| PRESENT ADDRESS  (Notify any change at once in writing) |  |

|  |  |
| --- | --- |
| EIRCODE |  |

|  |  |
| --- | --- |
| CONTACT DETAILS  (Notify any change at once in writing) | Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Qualifications**:

Do you have the required qualifications for this post? YES  NO

**Copies of certificates to establish your eligibility for this position are required to be submitted with the application form as one complete PDF Document**

|  |  |
| --- | --- |
| **Requirement to Drive** | |
| Do you have access to transport and possess a full current category B Driving Licence without any endorsements | **YES  NO** |

**Please include a copy (Both Front & Back) of your current driving licence with this application**

|  |
| --- |
| **Local Authority Membership:**  Are you currently, or have you been, within the past twelve months, an elected member of a Local Authority?  YES  NO |

**Superannuation – Voluntary Redundancy**

Are you in receipt of a superannuation allowance in respect of previous employment under a local authority or any other public service body (as defined by the Financial Emergency Measures in the Public Interest Acts 2009 – 2011 and the Public Service Pensions (Single Scheme and Other Provisions) Act 2012) **YES**  **NO**

Have you ever accepted voluntary redundancy/early retirement from a local authority or any other public service body (as defined by the Financial Emergency Measures in the Public Interest Acts 2009 – 2011 and the Public Service Pensions (Single Scheme and Other Provisions) Act 2012) by which you were employed?  **YES  NO**

**Special Requirements:**

Please detail any special needs or requirements you may have, and how these can be facilitated during the recruitment process.

### EDUCATION

**GENERAL EDUCATION:**

**Year of Leaving Certificate: \_\_\_\_\_\_\_\_\_\_ School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **RESULTS OF LEAVING CERTIFICATE OR EQUIVALENT EXAMINATION** | | |
| **Subject** | **H - Honours**  **O - Ordinary** | **Grade** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

FURTHER EDUCATION:

Third level academic, professional or technical qualifications (if any)

***Please submit photocopies of certificates***

|  |  |  |  |
| --- | --- | --- | --- |
| College | Course Title | Qualification & Grade | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

TRAINING COURSES:

|  |  |  |  |
| --- | --- | --- | --- |
| Course Provider | Course Title | Qualification & Grade | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Non-Irish Qualifications must be accompanied by a determination from Quality and Qualifications Ireland (QQI) to establish their comparability against the Irish National Framework of Qualifications, overseas qualifications must also be accompanied by a translation document.**

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS

|  |
| --- |
|  |

### EMPLOYMENT HISTORY

**IMPORTANT:**

Please ensure you list all your career history in the table below, starting with ***your most recent*** employment and working backwards ***until you left full time education***. This information is essential to provide us with an overview of your work career to date. If at any stage you were not employed, please describe your situation at the time e.g. Unemployed, Career break, Return to Education, etc.

Please copy and paste the form below as many times as you require to complete your employment history in full.

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **To:** | **Duration in months:** |  |
| **Employer:** |  | | |
| **Address:** |  | | |
| **Nature of Business:** |  | | |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Temporary or Permanent:** |  | **Part-time or**  **Fulltime:** |  |
| **Description of main duties and responsibilities** | | | |
| **Reason For Leaving:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **To:** | **Duration in months:** |  |
| **Employer:** |  | | |
| **Address:** |  | | |
| **Nature of Business:** |  | | |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Temporary or Permanent:** |  | **Part-time or**  **Fulltime:** |  |
| **Description of main duties and responsibilities** | | | |
| **Reason For Leaving:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **To:** | **Duration in months:** |  |
| **Employer:** |  | | |
| **Address:** |  | | |
| **Nature of Business:** |  | | |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Temporary or Permanent:** |  | **Part-time or**  **Fulltime:** |  |
| **Description of main duties and responsibilities** | | | |
| **Reason For Leaving:** | | | |
| **From:** | **To:** | **Duration in months:** |  |
| **Employer:** |  | | |
| **Address:** |  | | |
| **Nature of Business:** |  | | |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Temporary or Permanent:** |  | **Part-time or**  **Fulltime:** |  |
| **Description of main duties and responsibilities** | | | |
| **Reason For Leaving:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **To:** | **Duration in months:** |  |
| **Employer:** |  | | |
| **Address:** |  | | |
| **Nature of Business:** |  | | |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Temporary or Permanent:** |  | **Part-time or**  **Fulltime:** |  |
| **Description of main duties and responsibilities** | | | |
| **Reason For Leaving:** | | | |

### COMPETENCIES

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

**ASSISTANT CHIEF FIRE OFFICER**

In each of the competency areas briefly detail **two examples** 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. Your examples should show clearly how you have demonstrated that 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. It is recommended that you use the STAR method when structuring your examples i.e. describe the **S**ituation, the **T**ask, the **A**ction you took and the **R**esult.

|  |
| --- |
| 1. **STRATEGIC MANAGEMENT AND CHANGE** |
| * Strategic Ability * Networking and Representing * Bringing about Change |
| **Please give two examples of where you have demonstrated this (250 words max per example)** |
|  |

|  |
| --- |
| 1. **DELIVERING RESULTS** |
| * Problem Solving and Decision Making * Operational Planning * Delivering Quality Outcomes |
| **Please give two examples of where you have demonstrated this (250 words max per example)** |
|  |
| 1. **PERFORMANCE THROUGH PEOPLE** |
| * Leading and Motivating * Managing Performance * Communicating Effectively |
| **Please give two examples of where you have demonstrated this (250 words max per example)** |
|  |

**There is a requirement to have at least 5 years satisfactory relevant experience, including adequate experience in at least one of the** **following areas**:

|  |
| --- |
| **EXPERIENCE TO DATE (INCLUDING DATES)** |
| * Principles and practices of fire safety. * Fire service operations. * Major emergency management. * Technological and industrial processes. * Telecommunications and information technology. |
| **Please give a brief description (including dates) of your experience** |
|  |

Any additional information you wish to give in support of your application.

|  |
| --- |
|  |

### REFEREES:

Give names and addresses of two responsible persons, to whom you are well known but not related (if you are or have been in employment, referees should be existing or former employers)

|  |  |
| --- | --- |
| Name: | Name: |
| Occupation: | Occupation: |
| Address: | Address: |
|  |  |
|  |  |
|  |  |
| Telephone No: | Telephone No: |
| Email: | Email: |

Have you any objections to the County Council contacting your present and/or previous employers?

YES  NO

|  |  |
| --- | --- |
| If successful when could  you take up duty |  |

DECLARATION

I hereby declare that I have complied with all the requirements on the attached guidelines, and that all the particulars furnished in connection with this application are true, and that I am aware of the qualifications and particulars for this position.

I understand that I may be required to submit documentary evidence in support of any particulars given by me on my application form.

I understand that any false or misleading information submitted by me will render me liable to automatic disqualification or render me liable to dismissal, if employed.

I hereby authorise Mayo County Council to seek any additional information they may require in connection with my application for the post.

I also declare that I have read, understood, and accept the instructions outlined on Page 14 of the application form.

Failure to sign the application form will render it invalid.

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

|  |
| --- |
| Please note that canvassing by, or on behalf of applicants, will disqualify them from the competition. |

**PLEASE NOTE THE FOLLOWING INSTRUCTIONS:**

* All application forms must be typed, submitted fully completed **and** inclusive of all the requested documentation (i.e. **scanned copy of educational qualifications, driving licence etc**.), and emailed directly to [recruitment@mayococo.ie](mailto:recruitment@mayococo.ie) by **4:00pm on Thursday 24th October 2024.**
* All **incomplete applications** will be deemed **invalid** after the closing date and will not be included in the competition.
* Please return this application form in PDF format by email, with subject,

**“ ASSISTANT CHIEF FIRE OFFICER** – **Your name”**

* Copies of certificates to establish your eligibility for this position are required to be submitted with the application form as **one complete PDF Document.**
* In the event that a candidate does not have access to a computer, or encounters technical difficulties preventing them from submitting an application by email, a hard copy of the application may be accepted. Four copies of the application form must be submitted in this case, and these should reach the Human Resources Section, Áras an Chontae, the Mall Castlebar, Co. Mayo no later than the closing date and time specified above.
* **The responsibility rests with the applicant** to ensure the application form, in full, is **received** **on time** by the Human Resource Department of Mayo County Council. Any applications received after the closing date and time **will not be included** in the competition.
* All Sections/Questions in this document must be completed in full **(a Curriculum Vitae will not be accepted).**  In order, to ensure that each candidate is treated fairly and equally the interview board will only be provided with candidate’s application forms. Once the application form is submitted to the Human Resource Department of Mayo County Council, candidates are not permitted to alter/make additions or make deletions to their application in any way.
* Mayo County Council may decide, by reason of the number of persons seeking admission to the competition to carry out a short-listing procedure. The number of persons to be invited to interview shall be determined by Mayo County Council. In the event of a shortlisting exercise being employed, the shortlisting process can take the form of: - Shortlisting of candidates on the basis of information contained in their application form. Other written, oral or practical tests appropriate to the position; Preliminary interviews to reduce the number of candidates to a more manageable number for the final Interview Board ***or*** Preliminary interviews to determine qualified candidates, after which a selected number of the qualified candidates are called back for final interview.
* It is the candidate’s responsibility to inform the Human Resource Department of Mayo County Council of any change of address.
* Before signing this form, please ensure that you have replied fully to the questions asked. You should 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. Mayo County Council will not be responsible for any expenses which may be incurred by the candidate in attendance for interview.
* Original certificates will be required prior to any appointment.

**CANVASSING BY OR ON BEHALF OF THE APPLICANT WILL AUTOMATICALLY DISQUALIFY.**