# GUIDANCE NOTES FOR COMPLETION OF JOB APPLICATION FORM

### **GENERAL**

Your application will be assessed on the information you submit on the official application form. Therefore, it is important that it is completed as fully and as comprehensively as possible.

The application form must be either (a) typed or (b) completed in **BLOCK CAPITALS** using black ink *(to facilitate copy quality)*.

All information must be set out on the official application form. If required, additional pages of these forms may be used. **ADDITIONAL CVs WILL** *NOT* **BE ACCEPTED.** 

An electronic version of the official application form can be e-mailed to you on request. Please e-mail your request by e-mail to: <a href="mailto:linda@donegalvec.ie">linda@donegalvec.ie</a>

Take note of the closing date for the competition and ensure that your application is submitted in plenty of time. LATE APPLICATIONS WILL NOT BE ACCEPTED.

Candidates who send their applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the latest time of acceptance. Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims. When submitting your application form, you must forward all parts to the Human Resources Division, VEC Administrative Offices, Ard O Donnell, Letterkenny, Co. Donegal.

Please read the job specification very carefully. You must ensure that your application gives clear evidence of your knowledge, skills and experience. Please read the application form carefully. Your form should be written in a concise, well-organised and positive way. When completed, read through your application form carefully and check that each section has been filled in. Should short-listing apply, only the information contained in the application form will be considered.

County Donegal Vocational Education Committee is an Equal Opportunities Employer and welcomes applications from all the community. Our aim is to ensure that no job applicant or employee receives less favourable treatment on the grounds of racial origin, gender, marital status, family status, age, disability, religious beliefs, sexual orientation or membership of the travelling community.

#### COMPLETING PARTS 1 TO 5 OF THE JOB APPLICATION FORM

#### PART 1

The information you provide in PART 1 will not be made available to either the interview board or, if short-listing is necessary, the short-listing board.

Q.4 must be completed by applicants who are not citizens of a member state of the European Economic Area (EEA). The EEA comprises of Member States of the European Union i.e. Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden.

**Q.10** is for marketing research purposes. It is not mandatory to answer it. However, in order for management to establish how its recruitment advertising budget is best served, it would be appreciated if you would complete this question.

#### PART 2

#### General (Primary/ Second Level) Education/Further/Third Level Education

State any qualifications you have obtained. Should you be successful at interview, you will be required to produce the original certificates of any qualifications listed.

## **Employment Record Details**

Start with your current/most recent employer and work retrospectively. You should also give reasons for any gaps in your employment.

### **Work Experience**

Please consider the selection criteria listed in the job specification – the knowledge and skills required for the job before answering this section, provide evidence that you possess the criteria required – be specific and give examples.

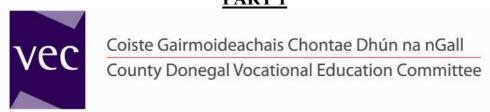
## PARTS 3 and 4

On completion of Part 4 (Enquiry Form), return this form along with the job application form to the Human Resources Division, County Donegal Vocational Education Committee. **Do not send this form to the Gardaí.** If necessary it will be submitted to the Gardaí by County Donegal Vocational Education Committee.

## PART 5

#### **Declaration**

You are asked to confirm that all the information you provide is true and accurate. Applicants who are subsequently found to have given false information may be disqualified from this competition or have any offer of employment withdrawn.



Closing Date for receipt of completed application is 12:00 noon on Tuesday, 5th February, 2008

HUMAN RESOURCES DIVISION, DONEGAL VEC, ADMINISTRATIVE OFFCES, ARD O DONNELL, LETTERKENNY, CO. DONEGAL.

Please complete this application form in **BLOCK CAPITALS** in **BLACK INK** 

# APPLICATIONS WILL ONLY BE ACCEPTED ON THE OFFICIAL FORM

NB Photograph required only when applicant has been invited to interview

| POS | SITION APPLIED FOR:                           |  |
|-----|---|--|
|     |   | Please state full title of the position you are applying for |
| 1.  | Surname                                       | First name(s)  |
|     | Name on Birth Cert. (if different from above) |  |
| 2.  | Home Address 1:                               |  |
|     | Home Address 2:                               |  |
|     | Home Address 3:                               |  |
| 3.  | Contact Telephone No. W                       | Vork: Ext: Home:   |
|     | Mobile No:                                    | Email address:   |
|     | P.P.S. Number:                                |  |

(P.P.S. = Personal Public Service)

Tá leagan Gaeilge den fhoirm seo ar fáil ach teagmháil a dhéanamh leis an Roinn Acmhainní Daonna - Fón 074-9161510 nó ríomhphost linda@donegalvec.ie

## PART 1 (continued) 4. (a) Are you an Irish citizen? Yes No (b) Are you a citizen of a member state of the European Economic Area (EEA)? No Yes If you answered "No" to (a) and (b) above you must enclose evidence of legal residency in the state with this application form (see below\*\*) \*\* (i) Certificate of Registration issued by the Garda National Immigration Bureau and/or (ii) Passport endorsed with the appropriate permission to remain in the state TO BE COMPLETED ONLY BY EXISTING EMPLOYEES OF COUNTY DONEGAL VOCATIONAL EDUCATION COMMITTEE 5. **Work Location:** School/College/Centre Address **Date of Commencement of service:** Fixed Term w.e.f. Permanent w.e.f. **Current Grade Acting Grade** (if applicable) Date of appointment: **Payroll Number:** TO BE COMPLETED BY ALL APPLICANTS 6. Please name at least two responsible persons, to whom you are well known but not related, from whom County Donegal Vocational Education Committee can request references on your behalf. When stating the names of the persons from whom references may be sought, please also state, in each case, the position held by the person, their address and

Please name at least two responsible persons, to whom you are well known be related, from whom County Donegal Vocational Education Committee can references on your behalf.

When stating the names of the persons from whom references may be sought, please also state, in each case, the position held by the person, their address and their contact (phone and e-mail) details.

1. 2.

## TO BE COMPLETED BY ALL APPLICANTS LANGUAGES Not **Knowledge of Irish:** (✓) Good Fair good "good" means being capable of performing the duties of office through the medium of Irish Please note: Language of Preference: Please note: Donegal VEC through it's Scheme in accordance with Section 11 of the Official Languages Act is committed to affording applicants the opportunity to be interviewed in their official language of choice either Irish or English. Please indicate your preference by ticking the appropriate box below. Interviews in respect of schools and centres operating wholly through the medium of Irish will be conducted through Irish. Language of Preference: (✓) Irish **English** 8. Applications from persons with disabilities are welcome and information about disability is only requested on the application form in order that appropriate arrangements for an interview can be made, if necessary (i) Do you consider that you have a disability? Yes If YES, please give details of the nature of your disability and your requirements, if any, to enable us to make appropriate arrangements for this competition: 9. Driving Licence – Please complete this section if applicable to this competition Do you possess a full unendorsed driving license? Category Yes No 10. Do you have access to a car? Yes No 11. How did you become aware of this vacancy? Please tick the appropriate source: Sunday Independent Irish Independent Irish Times County Donegal VEC website Local Press Other – please specify

| PART 2 FULL NAME (Block Cap  | nitals)            |                |              |              |               |                    |              |
|--|--------------------|----------------|--------------|--------------|---------------|--------------------|--------------|
| POST APPLIED FOR:  |                    |                | 1 1 1 1      |              |               | _                  |              |
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| State in Column B the gr   |                    |                | ned          |              |               |                    |              |
| State in Column C the gr   |                    |                |              | nivale       | ent exa       | mination (if an    | nlicable)    |
| state in column c the g  | ruucs of I         | ootan          | rea iii eq   | ar varo      |               | initiation (ii up) | pricusic)    |
| Title of Examination:- I   | Establishe         | ed Leaving (   | Cert/Voc     | ation        | al Lea        | ving Cert /Ea      | uivalent     |
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| Qualification  |                    |                |              |              |               |                    |              |
| Title: -   |                    |                |              | Yea          | r·-           |                    |              |
| 11000  |                    |                |              | 100          | <u> </u>      |                    |              |
| <u> </u>   |                    |                |              |              |               |                    |              |
| Examination Results:-  |                    |                |              |              |               |                    |              |
| Column A   | C                  | olumn B – S    | State Gre    | ades         |               | Column C           | - Fauivalent |
| Column AColumn B – State GradesColumn C - EquivalentSubjectHigher Ordinary FoundationSubject Grade |                    |                |              |              |               |                    |              |
| Irish  | Ingitei            | Orum           | ary re       | Junua        | ition         | Subject            | Grauc        |
| English  |                    |                |              |              |               |                    |              |
| Mathematics  |                    |                |              |              |               |                    |              |
|  |                    |                |              |              |               |                    |              |
| History  |                    |                |              |              |               |                    |              |
| Geography  |                    |                |              |              |               |                    |              |
| French   |                    |                |              |              |               |                    |              |
| Spanish  |                    |                |              |              |               |                    |              |
| German   | 1                  |                |              |              |               |                    |              |

Biology

Physics

**Economics** 

**Home Economics** 

Accounting
Business Organisation

## 2. PROFESSIONAL DEVELOPMENT – FORMAL

## 2.1 FURTHER/HIGHER EDUCATION

[Note: This Section is to be completed in respect of Part-time and Wholetime Programmes in respect of which validated certification was received e.g. Degree/Diploma/Certificate]

| Course/College | From | То | Subjects Studied | Result/Qualification<br>Achieved |
|----------------|------|----|------------------|----------------------------------|
|                |      |    |                  |                                  |
|                |      |    |                  |                                  |
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## 3. PROFESSIONAL DEVELOPMENT – INFORMAL

[Note: This Section is to be completed in respect of work related Seminars/Courses for which certification was not obtained]

| Organised By | Dates | Course Content |
|--------------|-------|----------------|
|              |       |                |
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- 4. EMPLOYMENT RECORD/RELEVANT EXPERIENCE
- 1. WORK EXPERENCE commencing with most recent position

| Employer –<br>Department/Section | From | To | Grade and Nature of Duties |
|----------------------------------|------|----|----------------------------|
|                                  |      |    |                            |
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|                                  |      |    |                            |

5. EXPERIENCE OF WORKING WITH ANY VOLUNTARY AND/OR STATUTORY SECTOR

| DATES    |          | NAME OF ORGANISATION                      | LEVEL OF INVOLVEMENT                     |
|----------|----------|---|--|
| FROM     | То       |   |  |
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| 6.       | PLEASE D | DETAIL YOUR EXPERIENCE IN PRO             | DJECT PLANNING AND DEVELOPMENT           |
|          |          |   |  |
|          |          |   |  |
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|          |          | OUTLINE ANY EXPERIENCE YOU I<br>SENTATION | HAVE OF REPORT WRITING, RECORD KEEPING   |
|          | AND I KE | DENTATION                                 |  |
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| 8.       | Сомриті  | ER LITERACY SKILLS/OHALIFICA              | TIONS (Please Furnish Full Particulars)  |
| <b>.</b> |          | EX EXTENSION SOMBIFICA                    | (1 10000 1 01 11001 1 011 1 01 01001010) |
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| 8.       | Computi  | ER LITERACY SKILLS/QUALIFICA              | TIONS (Please Furnish Full Particulars)  |

**10.** ANY OTHER RELEVANT INFORMATION e.g. Involvement in Committees/Sub-Committees/ Sport Organisations/Special Interests, etc. PLEASE NOTE THAT SKILLS AND EXPERIENCE ACQUIRED OUTSIDE OF WORK CAN SOMETIME BE JUST AS RELEVANT AS THOSE GAINED IN WORK Signature of applicant: Date:

| Position Applied For:   |
|---|
| CONFIDENTIAL PERSONAL DISCLOSURE FORM   |
| TERSONAL DISCLOSURE FORM  |
| Have you ever been convicted of a criminal offence or been given a caution?   |
| YESNO   |
| If YES, please detail below the nature and date(s) of the offence(s):   |
|   |
|   |
|   |
| FULL NAME (Block Capitals)  |
| ADDRESS (Block Capitals)  |
|   |
| PLACE OF BIRTH  |
|   |
| Please specify any other name that you are or were previously known by:   |
|   |
| Previous Address to above   |
|   |
| I confirm that nothing within my personal or professional background deems me unsuitable for employment with County Donegal Vocational Education Committee.                             |
| I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND AGREE THAT I WIL<br>ABIDE AND ACCEPT THE TERMS AND CONDITIONS OF EMPLOYMENT SHOULD<br>BE SUCCESSFUL IN MY APPLICATION FOR THE POSITION |
| Applicant's Signature Date  |
| The Human Resources Division will treat all the information including personal data, which yo   |

False declaration could lead to Non Employment or Dismissal

give as confidential, subject to Donegal VEC's responsibilities under the Data Protection Acts.

# **ENQUIRY FORM**

| SURNAME:   |                                     |                 | NAME AS         |                |               |                   |     |  |
|--|-------------------------------------|-----------------|-----------------|----------------|---------------|-------------------|-----|--|
| FORENAMES  | S:                                  |                 |                 |                |               |                   |     |  |
| PLACE OF BIRTH:  |                                     |                 |                 |                |               |                   |     |  |
| HAVE YOU E   | VER CHANGED                         | YOUR NAMI       | E? YES          |                | NO            |                   |     |  |
| If yes, please s   | If yes, please state previous name: |                 |                 |                |               |                   |     |  |
|  | s and all previous a                | address(es):    |                 |                |               |                   |     |  |
| House<br>No.   | Street                              | Town            | County          | Postcode       | From Y        | ear<br>To         |     |  |
|  |                                     |                 |                 |                |               |                   |     |  |
|  |                                     |                 |                 |                |               |                   |     |  |
|  |                                     |                 |                 |                |               |                   |     |  |
|  |                                     |                 |                 |                |               |                   |     |  |
| Have you ever  | been convicted of                   | an offence in t | the Republic of | Ireland or els | sewhere?      |                   |     |  |
|  |                                     |                 | YES             |                | NO            |                   |     |  |
| If yes, please g   | give full details                   |                 |                 |                |               |                   |     |  |
|  | l                                   | DF              | CLARATIC        | N              |               |                   |     |  |
| TO: Commissioner An Garda Siochana Central Vetting Unit Tullamore, Co. Offaly  |                                     |                 |                 |                |               |                   |     |  |
| I the undersign  | ned, who have appl                  | lied to work as | la L            |                |               | hereby authorise  | e   |  |
|  | hana to furnish to                  |                 |                 | Education Cor  | nmittee a sta | •                 |     |  |
|  | recorded against n                  |                 |                 |                |               |                   |     |  |
| prosecutions, s  | uccessful or unsuc                  | cessful, pendir | ng or complete  | d in the State | or elsewhere  | , as the case may | be. |  |
| Applic   | cant's Signature                    |                 |                 | Dat            | te            |                   |     |  |
|  | rised signature<br>al VEC           |                 |                 |                |               |                   |     |  |
| According to Garda records there are no previous convictions recorded against the above- named applicant OR The following convictions appear on Garda Records: |                                     |                 |                 |                |               |                   |     |  |
| NOTE: The convictions supplied may apply to the subject of your enquiry. PLEASE VERIFY.  Signed Member I/C   |                                     |                 |                 |                |               |                   |     |  |

# **DECLARATION**

Before signing this form, please ensure that you have replied fully to all questions asked. You

| also satisfy yourself that you are eligible for the competition concerned. Offers of ment are subject to verification of candidates' eligibility for the position applied for.                                |
|---|
| I CERTIFY that all particulars in this application are true and correct, to the best of my knowledge and belief.  |
| I am aware that any canvassing, by me, or on my behalf, will disqualify me from the position I am seeking and that any employment offered to me is dependent upon the information given herein being correct. |

| <b>Signature of Applicant:</b> | Date: |  |
|--------------------------------|-------|--|