



Application No.	
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Clerical Officer (Grade III) APPLICATION FORM

PLEASE INDICATE WHICH TYPE OF WORK YOU ARE INTERESTED IN
PERMANENT (FULL-TIME) TEMPORARY (FULL-TIME)

Please complete this form in TYPED BLOCK CAPITAL LETTERS:

First Name:

Surname:

Address:

Tel No.
(home/work)

Mobile No.

Email:

Qualification Question:

Do you have the required qualifications, experience and knowledge for this post Yes No

Are you currently serving in a Regional Assembly/Local Authority? Yes No

If Yes - Please specify Regional Assembly/Local Authority: _____

Requirements:

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

PARTICULARS OF EDUCATION

General Education

Name of School attended	From	To	Certificates/Distinctions obtained

Third Level/Further Education

Name of Course & College	From	To	Result/Qualification achieved	Grade obtained EG 2.1, Pass, Credit, etc.

Other Training Course

Training Courses	From	To	Result/Qualification achieved	Grade obtained EG 2.1, Pass, Credit, etc.

EMPLOYMENT RECORD

Work Experience –Please complete employment record, in date order (most recent first)

Name of Employer:			
Address of Employer:			
From:		To:	
Job Description:			
Duties and Responsibilities:			

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Please supply additional employment record if required.

Experience and Knowledge

Please detail briefly the relevant experience you would bring to this role of Clerical Officer

Questions

In each of the competency areas below briefly detail 1 example which you feel best demonstrates 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 the particular competency. Please refer to the “Key Competencies” section in the Job Description booklet for further information on the competencies for this role.

Communicate Effectively and Customer Focus

Personal Effectiveness

Planning and Organising Work

Team Work

REFEREES

Referees: Please name two responsible persons, to whom you are well known but not related, one of the Referees, must be an existing or former Employer:

Name:		Name:	
Address:		Address:	
Title/Position:		Title/Position:	
Email:		Email:	
Contact Number:		Contact Number:	

Any Other Relevant Information:

Special Requirements:

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

**Incentivised Scheme of Early Retirement – ISER (EL 05/09) – &
Voluntary Redundancy Scheme – VRS (LG (P) 06/2013)**

Please advise if you have availed of:

- Incentivised Scheme of Early Retirement – ISER (EL 05/09)
- Voluntary Redundancy Scheme – VRS (LG (P) 06/2013)

If so, please provide details of same, particularly where previously employed and date of retirement:

Note: depending on the conditions of the scheme availed of, re-employment/re-engagement to the Public Service may be precluded and/or abatement may apply. Please refer to relevant circular for further details.

CHECKLIST

PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- ◆ Completed application forms, in PDF format, should be emailed to hr@southernassembly.ie
- ◆ Only applications signed and made on the official application form will be accepted
- ◆ Please ensure that your application is in **TYPED PDF** format
- ◆ The closing date is: **4.00 p.m. on Thursday 9th March 2023.**
- ◆ Applications received after the closing date WILL NOT be accepted
- ◆ Ensure that you have answered ALL questions fully and correctly as **Incomplete applications** will be returned as invalid after the closing date and will not be included in the competition.
- ◆ Applications will be short-listed on the basis of the information provided on the application form.

DECLARATION

I, hereby declare, that all particulars in this application are true and correct, to the best of my knowledge and belief and that I am aware of the qualifications and particulars for this position. I give my permission for enquiries to be made to establish such matters as age, qualifications, experience and character and for the release by other people or organisations of such information as may be necessary to the Regional Assembly for that purpose. This may include enquiries from past/present employers and the submission of this application is taken as consent to this. 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. I understand that I may be required to submit original 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.

Signature of Applicant: _____ Date: _____

**The Southern Regional Assembly is an equal opportunity Employer
Canvassing will automatically disqualify**