

Application form for the role of

**Water Services Transition Office Administrative Assistant - Grade 4**

**Secondment**

Please submit applications by **18th June 2021 @ 5pm**

Applications should be emailed to **jobapplications@lgma.ie**

**Section A   
Personal details**

|  |  |
| --- | --- |
| **Name** | Enter text |
| **Address** | Enter text |
| **Telephone** | Enter text |
| **Email** | Enter text |

**Section B   
Education and professional qualifications**

Please provide full details of all your relevant educational, professional, training and developmental experience in the sections below.

**1. Education: academic/professional/technical qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full title of degree/ qualification** | **Grade obtained** | **Subjects**  **in final exam** | **Year obtained** | **University college or examining**  **authority** |
| Enter text | Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text | Enter text |

**2. Other formal education/training/development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full title of qualification / training obtained** | **Years attended from-to** | **Subjects in final exam** | **Year obtained** | **Institution/ examining authority** |
| Enter text | Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text | Enter text |

**3. Membership of professional associations, institutions, etc.**

|  |
| --- |
| Enter text |

**Section C  
Employment Record**

Please provide details of the context and main responsibilities of your **last four roles** starting with your current role. Experience prior to these should be entered on the ‘career summary’ section.

**Role 1**

|  |  |
| --- | --- |
| **Job title** | Enter text |
| **Name of employer** | Enter text |
| **Address of employer** | Enter text |
| **Dates from-to** | Enter text |
| **Substantive Grade** | Enter text |
| **Salary** | Enter text |
| **Number of direct reports** | Enter text |

|  |
| --- |
| **Please enter a description of your main responsibilities below** |
| Enter text |

**Role 2**

|  |  |
| --- | --- |
| **Job title** | Enter text |
| **Name of employer** | Enter text |
| **Address of employer** | Enter text |
| **Dates from-to** | Enter text |
| **Substantive Grade** | Enter text |
| **Salary** | Enter text |
| **Number of direct reports** | Enter text |

|  |
| --- |
| **Please enter a description of your main responsibilities below** |
| Enter text |

**Role 3**

|  |  |
| --- | --- |
| **Job title** | Enter text |
| **Name of employer** | Enter text |
| **Address of employer** | Enter text |
| **Dates from-to** | Enter text |
| **Substantive Grade** | Enter text |
| **Salary** | Enter text |
| **Number of direct reports** | Enter text |

|  |
| --- |
| **Please enter a description of your main responsibilities below** |
| Enter text |

**Role 4**

|  |  |
| --- | --- |
| **Job title** | Enter text |
| **Name of employer** | Enter text |
| **Address of employer** | Enter text |
| **Dates from-to** | Enter text |
| **Substantive Grade** | Enter text |
| **Salary** | Enter text |
| **Number of direct reports** | Enter text |

|  |
| --- |
| **Please enter a description of your main responsibilities below** |
| Enter text |

**Career summary**

Please briefly summarise any other relevant previous experience in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title of post** | **Employer** |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |

**Section D  
Job specific competencies**

Using the spaces below, please, briefly highlight specific achievements, contributions, or expertise you have developed from your career to date, which clearly demonstrates your suitability to meet the challenges at this level. Please do not exceed **200 words per competency**.

|  |
| --- |
| **Purpose and Change**  (Knowing the Purpose of your section and its priorities; Co-operating with change) |
| Enter text |
| **Delivering Results**  (Implementing Work Programmes; Identifying problems and contributing to solutions) |
| Enter text |
| **Personal Performance**  (Performing effectively; Communicating effectively) |
| Enter text |
| **Personal Effectiveness**  (Skills, experience, knowledge; Personal motivation, initiative and achievement) |
| Enter text |

**Section E  
Other information**

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| --- |
| **Please specify what other experience, involvements and or special qualities you have that you feel equip you for this position in the LGMA.** |
| Enter text |

**Section F  
Referees**

Please fill in the particulars of two referees in the tables below.

|  |  |
| --- | --- |
| **Name** | Enter text |
| **Position or occupation** | Enter text |
| **Address** | Enter text |
| **Email** | Enter text |

|  |  |
| --- | --- |
| **Name** | Enter text |
| **Position or occupation** | Enter text |
| **Address** | Enter text |
| **Email** | Enter text |

**Section G  
Additional information**

**a.** Do you require an employment permit/visa to work in Ireland?   
   
 Yes  No

If yes, please state date of expiry

|  |
| --- |
| Enter date |

Please note that any offer of employment will be conditional upon the individual being legally entitled to live and work in Ireland.

**b.** We require the following information to enable us to provide for any needs you may have should be called for any stage of this competition, e.g. Sign Language.

i. Do you consider that you have a disability?

Yes  No

ii. If yes, please give details of your requirements, if any, to enable us to make appropriate arrangements for this competition.

|  |
| --- |
| Enter text |

**c.** Knowledge of Irish

Good  Fair  Not good

Please note, ‘Good’ means being capable of performing the duties of the office through the medium of Irish.

**d.** For record purposes, do you have a current valid driving licence.

Yes  No

1. If yes, please state if full or provisional

|  |
| --- |
| Enter text |

1. Please state category of vehicles covered

|  |
| --- |
| Enter text |

**e.** Have you ever accepted voluntary redundancy or early retirement from a local authority or other public service organisation by which you were employed?

Yes  No

1. If yes, please give details of grade/post retired/resigned from

|  |
| --- |
| Enter text |

**Section H  
Declaration**

I hereby declare that all particulars in this application are true and correct, to the best of my knowledge and belief.

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 LGMA 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 am aware that false or misleading information or deliberate omissions may result in termination of any employment offered.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Local Government Management Agency is an equal opportunities employer.

The information supplied in this form is held on the understanding of confidence subject to the requirements of the Freedom of Information Act 2014 or other legal requirements.