***Citizens Information Logo
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**APPLICATION FOR EMPLOYMENT WITH THE CITIZENS INFORMATION PHONE SERVICE (CIPS)**

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| **POST APPLIED FOR:** | **INFORMATION OFFICER** |

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| **LOCATION** | **Nessan House, Riverview Business Park, Blackrock, Cork** |

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| **SECTION 1: PERSONAL DETAILS** | |
| **First Name** |  |
| **Surname** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **Address for Correspondence** |  |

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| ***Are there any restrictions on your right to work in the Republic of Ireland?*** | **Yes** |  | **No** |  |

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| **SECTION 2: EDUCATION QUALIFICATIONS** | | | |
| **Title of Award** | **University/College/School** | **Dates of Attendance** | **Final Exam Subjects and Overall Results** |
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| **SECTION 3: PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS (IF ANY)** |
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| **SECTION 4: COMMUNITY / VOLUNTARY EXPERIENCE (IF ANY)** |
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| **SECTION 5: INFORMATION TECHNOLOGY SKILLS**  ***Please tick the boxes that apply to you and provide details where asked.*** | | | | |
| **Software Type** | **No Knowledge** | **Limited Familiarity** | **Extensive Knowledge** | **Qualification Obtained (please specify the type)** |
| **Microsoft Word** |  |  |  |  |
| **Microsoft Excel** |  |  |  |  |
| **Microsoft Outlook** |  |  |  |  |
| **Microsoft PowerPoint** |  |  |  |  |
| **Database / Statistical** |  |  |  | **Name of software:** |
| **Other (please specify)** |  |  |  |  |

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| **SECTION 6: EMPLOYMENT HISTORY**  ***Please complete a new section for each post held, even within the same organisation. Start with your most recent employment.*** | | |
| **Job Title** |  | |
| **Employer Name and Address** |  | |
| **Nature of Work** *Please tick the relevant box.* | **Employee  Employment Scheme (e.g. CE, TUS)**  **Volunteer  Intern / Other** | |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** | |
| **Type of Contract**  *Please tick the relevant box.* | **Fixed-Term  Specified Purpose**  **Permanent  Freelance/Other** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | | |
|  | | |
| **Key Achievements** | | |
|  | | |
| **Reason for Leaving** | | |
|  | | |
| **SECTION 6: EMPLOYMENT HISTORY (CONTINUED)** | | |
| **Job Title** |  | |
| **Employer Name and Address** |  | |
| **Nature of Work** *Please tick the relevant box.* | **Employee  Employment Scheme (e.g. CE, TUS)**  **Volunteer  Intern / Other** | |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** | |
| **Type of Contract**  *Please tick the relevant box.* | **Fixed-Term  Specified Purpose**  **Permanent  Freelance/Other** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | | |
|  | | |
| **Key Achievements** | | |
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| **Reason for Leaving** | | |
|  | | |
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| **Nature of Work** *Please tick the relevant box.* | **Employee  Employment Scheme (e.g. CE, TUS)**  **Volunteer  Intern / Other** | |
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| **Type of Contract**  *Please tick the relevant box.* | **Fixed-Term  Specified Purpose**  **Permanent  Freelance/Other** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | | |
|  | | |
| **Key Achievements** | | |
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| **Reason for Leaving** | | |
|  | | |
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| **Job Title** |  | |
| **Employer Name and Address** |  | |
| **Nature of Work** *Please tick the relevant box.* | **Employee  Employment Scheme (e.g. CE, TUS)**  **Volunteer  Intern / Other** | |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** | |
| **Type of Contract**  *Please tick the relevant box.* | **Fixed-Term  Specified Purpose**  **Permanent  Freelance/Other** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | | |
|  | | |
| **Key Achievements** | | |
|  | | |
| **Reason for Leaving** | | |
|  | | |
| **SECTION 6: EMPLOYMENT HISTORY (CONTINUED)** | | |
| **Job Title** |  | |
| **Employer Name and Address** |  | |
| **Nature of Work** *Please tick the relevant box.* | **Employee  Employment Scheme (e.g. CE, TUS)**  **Volunteer  Intern / Other** | |
| **Hours of Work**  *Please tick the relevant box.* | **Part Time  Full Time  Flexi** | |
| **Type of Contract**  *Please tick the relevant box.* | **Fixed-Term  Specified Purpose**  **Permanent  Freelance/Other** | **Start Date:**  **Finish Date:** |
| **Main Duties and Responsibilities** | | |
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| **Key Achievements** | | |
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| **Reason for Leaving** | | |
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| **SECTION 7: KEY COMPETENCIES FOR THE ROLE**  ***For each of the competency areas below, briefly highlight specific achievements, contributions or expertise you have developed from your career to date, which demonstrate your suitability to meet the challenges of this role. Further details of the competencies are provided in the application pack for this role (Minimum of 150 words to a maximum of 250 words per section).*** |
| 1. **Research** |
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| 1. **Expert Knowledge (relating to rights and entitlements of citizens i.e. social welfare, employment etc)** |
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| 1. **Delivery of information and advice, including via phone or in a call centre setting** |
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| 1. **ICT and Information Management** |
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| 1. **Communications** |
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| 1. **Customer Service** |
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| 1. **Team Work** |
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| **SECTION 8: ADDITIONAL SUPPORTING INFORMATION**  ***Please provide any additional information in support of your application (maximum 250 words).*** |
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| **SECTION 9: REFERENCES**  ***Please give the names and addresses of two people who have agreed to act as referees for you. One referee must be someone from your current or most recent employer with knowledge of your skills and experience.*** |
| **Do you require notification before your referees are contacted? Yes  No**  ***Please note that references will not be taken up without the applicants consent.*** |

**1st Referee**

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| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:  Email: |

**2nd Referee**

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| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:  Email: |

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| **SECTION 10: APPLICANT DECLARATION** |
| *I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration, misleading statement or significant omission may disqualify me from employment and render me liable to dismissal. I understand that a medical may form part of this recruitment process and that any job offer is subject to satisfactory references and sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.*  **Signed (type or write):** **Date:**  *Please note that by submitting this form you give consent to CIPS to use the information in this application form in line with our Data Protection Notice for Job Applicants* [*https://www.citizensinformationboard.ie/en/data\_protection/cips.html*](https://www.citizensinformationboard.ie/en/data_protection/cips.html) |