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Thank you for your interest in a seasonal position with An Post. To apply you must complete the following:

1. Application Form.
2. Medical Declaration Form.
3. Please scan proof of identity, which should be a copy of either your passport or driving licence.

The selection process may include online ability tests and interview. Please note that you will receive an online link from noreply@gardavetting.ie . To process your application for this position, you must complete the online part of the vetting clearance. If you have lived outside the Irish Jurisdiction within the last 10 years you will also need to provide security clearance from this jurisdiction.

Please email your completed forms and proof of identity to DMCPeak@anpost.ie with Dublin Mails Campus in the subject line and feel free to contact us directly with any queries.

An Post is an equal opportunity employer, celebrating diversity and championing inclusivity. If you require any reasonable accommodations to assist you in participating in the employee selection process, please simply let us know.

We heartily encourage all interested parties who meet the above criteria to apply!

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**Employment Application Form (Seasonal) – Dublin Mails Campus**

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| --- |
| Return to: DMCpeak@anpost.ie  |
| **Personal Details:**Firstname: Middlename: Surname: Current Address: Eircode:Contact Number: Email Address: |
| Date of birth: | Applicants must be aged 18 to commence employment in An Post  |
| Have you ever worked in An Post before? If you have can you include details of position and section your worked in |
| **When are you available to start?** |
| ***LEGALLY EMPLOYABLE***You must be legally entitled to reside and to work 37.5 hours per week in this state. Do you need a work permit and/or visa to live or work in Ireland?State **YES** or **NO: . \_\_\_** If you answered “**Yes**” then please confirm the type of visa you need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and include the expiry date of you visa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***SECURITY***I confirm that I have provided documentation to validate my identity as required andI hereby authorise the National Vetting Bureau of An Garda Síochána to furnish to the above Organisation a statement that there is no criminal record information to disclose in respect of me in Ireland or elsewhere, or a statement of criminal record information in Ireland or elsewhere as the case may be. Please tick box ⬜Where you have lived overseas in the last ten years and are being considered for employment you must provide an appropriately authorised record (and certified translation if necessary) of criminal offenses/convictions (null or otherwise) for those overseas addresses in last ten years.A criminal record does not automatically disbar anyone from employment with An Post but because of the nature of An Post’s business, the need to maintain customer confidence and to protect the Company’s assets, interests and reputation, conviction for certain criminal offences or related issues could be considered incompatible with employment in An Post. Please note An Garda Síochana will fully disclose all relevant information on record to An Post.***DECLARATION**** I certify that all of the above information provided by me in respect of this application for employment in An Post is complete and accurate and I understand that failure to disclose any information which, if known to An Post, might cause the Company to question my suitability for employment, will disqualify my application or may result in my dismissal if employed by An Post.

***Data Protection*** I consent to the Company using personal data, including sensitive personal data as defined by the Data Protection legislation, supplied by me or obtained by third parties, for the legitimate purpose required to administer my application for employment in An Post.Name: Date: |

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**SEASONAL POSTAL OPERATIVE - FITNESS DECLARATION FORM**

Please answer all the questions below by ticking (√) the appropriate box. No clinical details are required. You may, if you wish, opt to complete a confidential Health Declaration, the details of which will only be available to the Occupational Health Department of An Post.

 1. Do you have or have you had any difficulty with:

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Standing Yes |  |  No |  |
|  |  |  |  |
| (b) Lifting Yes |  |  No |  |
|  |  |  |  |
|  (c) Communicating with people Yes  |  |  No |  |
|  |  |  |  |
|  (d) Walking Yes  |  |  No |  |
|  |  |  |  |
|  (e) Shift work Yes |  |  No |  |
|  |  |  |  |
|  (f) Night Work  |  |  |  |
|  (i.e. between 12 midnight and 7.00 am) Yes |  |  No |  |
|  |  |  |  |
| (g) Wearing of safety boots Yes |  |  No |  |
|  |  |  |  |
| 2. Do you have a history of neck, knee or back trouble; Yes  |  |  No |  |
| disc prolapse. |  |  |  |
|  3. Are you taking any medicine which may interfere with Yes  |  |  No |  |
| your ability to drive, ride a bicycle and work safely with machinery. |  |  |  |
|   |  |  |  |

**DECLARATION**

**I declare that the information I have given for this Fitness Declaration is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statements and that if I suppress any information that my employment may be terminated.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**