

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. Garda Vetting Invitation Form (please ensure that you include your full address including eircode).
- 4. 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 <a href="mailto:normoneply@gardavetting.ie">noreply@gardavetting.ie</a>. 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 xmascasuals@anpost.ie with your chosen Mail Centre or 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!



#### Employment Application Form (Seasonal)

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		mascasuals OCK CAPITA			n completin	g this form							
	Please tick Mail Centre of choice Athlone Mail Centre $\Box$												
				Dub	lin Mail Ca	ımpus 🗌							
				Por	tlaoise Mai	.1 Centre $\square$							
Personal Details:		Title: First name: Surname: Address:											
Date of birth: Applicants must be aged 18 to commence employment in An Post													
Contact N	umbe	r:		Eı	mail addres	S							
before? State <b>YES</b> section,	(and manad	ed in An I d state ger, dates or state	s and		· -	Manager_ To (Mont	ch/Year)						
Please give details of your previous position(s) with An Post, highlighting your main responsibilities and any particular achievements:  Have you ever availed of voluntary severance or early retirement from An													
		ES or NO:				/							
_						s/work experiend particular ach							
From (Month/ Year)	To (Mor	nth/Year)	Positi Compar	ion and	Key Res	ponsibilities/ ments	Reason for Leaving						

When are you available to start?												
Shift Pre	ference:			Morning	g { }							
Afternoon	{ }	Evening { }	<pre>lvening { } Any { }</pre>									
we can coprevious should no final sta	ntact for refe employer and o <b>t</b> be related t ges of the sel	erences; ideally to one reference shou	ontact number for three persons whetwo references should be from you ould be a character referee who is will <b>not</b> be contacted until the second seco									
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 "No" then complete the following statement in your own words: I do not need an employment permit or visa to work and live in Ireland because												
SECURITY 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 Siochana will fully disclose all relevant information on record to An Post.  Have you ever been convicted of a criminal offence or have you ever been the subject of police investigation, police caution or other legal proceedings which if known to An Post would reasonably give rise to concerns as to your suitability for employment: State YES or NO:  If you answered "Yes" then please supply details of the dates, type of												
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.												
_	FITNESS FOR ROLE  Do you have any disability or medical condition that would prevent you from performing any aspects of postal operative work which you are applying or											

in a satisfactory manner? State YES or NO:	
If you answered "Yes" then describe your disability or medical conditindicate what special equipment or any reasonable accommodations to a you to do such work in a satisfactory manner.	

do you require special equipment or arrangements to be able to do such work

#### **DECLARATION**

- I declare that I am not currently contracted as a Postmaster/Postal Agent for An Post
- I declare that, to the best of my knowledge and belief there is nothing on the grounds of health which would preclude me from performing my duties in a consistent and satisfactory manner and I agree to undergo a medical examination should I progress to the final stages of the selection process. I declare that there is no reason on the grounds of my character why I should not be considered for this position and I consent to my referees being contacted and my references checked. I authorise An Post to have a full security check conducted on me on behalf of An Post and that these checks may be carried out by a reputable third party on behalf of An Post. I also declare that I am fully competent and fully capable to undertake the duties of the post.
- 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.
- I understand that my application will not be progressed to an offer of employment should **any** of the foregoing reference, security and medical checks be unsatisfactory to 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:	



## SEASONAL POSTAL OPERATIVE - FITNESS DECLARATION FORM

Name:	Date of birth:		
Address:			
·	by ticking (V) the appropriate box. No clinicatial Health Declaration, the details of which Post.	·	•
1. Do you have or have you had any di	fficulty 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 a	m)	Yes	No
(g) Wearing of safety boots		Yes	No
2. Do you have a history of neck, kneed disc prolapse.	e or back trouble;	Yes	No
3. Are you taking any medicine which your ability to drive, ride a bicycle and	•	Yes	No
	<u>DECLARATION</u>		
knowledge and that I have not withheld	en for this Fitness Declaration is true and cor any material facts. I understand that I am re information that my employment may be to	esponsible for the	-
Name:			
Signed:			
Date:			



## Form NVB 1(a)

# **Vetting Invitation**

i																										
Forename(s):																										
Middle Name:																										
Surname:																										
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y													,			
Email Address:																										
<b>Contact Numbe</b>	r:																						,			
<b>Role Being Vett</b>	ed F	or:																								
Current Addre	ess:																									
Line	e 1:																									
Line	e <b>2</b> :																									
Line	e <b>3:</b>																									
Line	e <b>4:</b>																									
Line	e <b>5:</b>																									
Eircode/Postco	de:																									
Name Of Organisation:																										
I confirm that I have provided documentation to validate my identity as required and I 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																										
Applicant's Signature:						_		_	_				]	Dat	te:	D	D	]/	M	I N	1	/ [	Y	Y	Y	Y

Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.