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| Application Form – Researcher**Irish Soil Moisture Observation Network** |

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| **First Name:** |  |  |  |  **Surname:** |  |  |

You must ensure that all sections of this application form are completed in full. This section of the form will

be photocopied for use by the Interview Board.

1. **PROFESSIONAL QUALIFICATIONS:**

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| **Full title of Qualifications held****and date obtained**  | **Grade obtained (e.g. 1, 2.1, 2.2, Pass, etc.)** | **Subject(s) taken in final examination** | **University, College or Examining Authority** |
| **Year obtained:** |  |  |  |
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| **First Name:** |  |  |  |  **Surname:** |  |  |

**2. Employment Record:**

Give below, in date order (starting with your current employer), full particulars of all employment (including any periods of unemployment) between the date of leaving school or college and the present date. No period

between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please

set the information out in the same manner as below.

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| **Dates** | **Title of post held, short description of duties, salary, etc.** | **Name and address of employer** |
| **Period in months** | **From** | To |
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| **First Name:** |  |  |  |  **Surname:** |  |  |

**EMPLOYMENT RECORD Continued:**

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| **Dates** | **Title of post held,****short description of duties, salary, etc.** | **Name and address of employer**  |
| **Period in months** | **From** | To |
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| **First Name:** |  |  |  |  **Surname:** |  |  |

3. Please give a brief description of your knowledge or experience in the following

(i) Fieldwork and data collection using environmental monitoring equipment

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(ii) Programming, analytical skills and data processing

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| **First Name:** |  |  |  |  **Surname:** |  |  |

(iii) Working in a team environment and independently

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iv) Communication and organizational skills

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**4. Please set out below any other relevant information in support of your application, including a full list of scientific publications**

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5. Please list 2 referees

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| **Reference 1**

|  |  |
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| **Name** |  |
| **Job Title** |  |
| **Company** |  |
| **Address** |  |
| **Phone** |  |
| **Email**  |  |

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| **Reference 2**

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| **Name** |  |
| **Job Title** |  |
| **Company** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

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 Referee Details

Please provide the names, addresses, and email addresses of two responsible individuals who know you personally (but are not related to you) or with whom you have had a professional association.

Ideally, referees should be current or former employers from within the last five years; however, this timeframe is flexible if needed.

Important Requirements:

* Email address is mandatory: We will contact referees via a Microsoft Form, so an active email address is essential. A phone number must be provided as an additional point of contact, but it cannot be the sole method.
* Prior consent: Please ensure that you have spoken with your referees and obtained their consent to be listed. This helps avoid further delays in our recruitment competitions.

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| **First Name:** |  |  |  |  **Surname:** |  |  |

Please tick this box if you intend to apply for the Hosting Agreement ☐

Before you return the form, please ensure that you have completed all sections of the declaration below.

The onus is on candidates to establish eligibility in this application form.

Misstatements or canvassing will render an applicant liable to disqualification.

The personal data supplied by you on this application form will be stored on computer and will be used only for the purposes registered under the Data Protection Acts, 1988 and 2003.

I hereby declare that I fulfil all the requirements, that the information given in this form is correct and give my permission for enquiries to be made to establish such matters as qualifications, experience and character and for the release by other people or organisations of such information as may be necessary to

Met Éireann for that purpose.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_