

*Human Resources Department*

An Rannóg Acmhainní Daonna

#  Recruitment Section

Direct Tel: 01 2054854

Fax: 01 2300299

hr@dlrcoco.ie

1st February 2024

**Re: Lifeguard Application Summer Season 2024 (Competition ID: 010770)**

Dear Sir/Madam,

Applications for this competition **must be typed** and will **only** be accepted by email to **careers@dlrcoco.ie**in the following format: **pdf. An automated reply will be delivered to the applicant by return.**

**Closing date for receipt of applications is 12 noon on Thursday 22nd February 2024.**

**Please also attach the following with your application:**

* Evidence of your Lifeguard Qualification. A copy of your current in-date certificate should be attached. Awards should not be more than 2 years old and must be in date for the duration of the bathing season.
* If your qualification is out of date and you are planning to renew your award, please state details on your application form.
* Evidence of age. Kindly submit a copy of your birth cert or passport or driving licence etc.
* (This does not apply to applicants who have previously been employed as Lifeguards with DLRCC).

All successful applicants will be subject to Garda Vetting. From 29th April 2016 all successful applicants will be vetted by the National Vetting Bureau. A Garda Vetting invitation will be forwarded by e-mail to successful applicants only in line with the new e-vetting procedure.

If you have any queries, please do not hesitate to contact me.

Kind regards

Shannon Fitzpatrick

Assistant Staff Officer

Human Resources- Recruitment

Dun Laoghaire Rathdown CoCo

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| **FOR OFFICE USE ONLY** |
| Applicant Number: |  |
| Shortlisted Y/N |  |
| Competition ID number: | **010770** |

**Dún Laoghaire-Rathdown County Council**

**Application for the post of:**

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|  LIFEGUARD SUMMER SEASON 2024 - TEMPORARY |

**Notes:**

1. Please return this application form before the closing date of **Thursday 22nd February 2024 at 12 noon**
2. Applications for this competition **must be typed** and will **only** be accepted by email to **careers@dlrcoco.ie**in the following format: **pdf. An automated reply will be delivered to the applicant by return.**
3. Dún Laoghaire-Rathdown County Council will not reimburse any travel expenses necessary to attend the interview.
4. Before you return the form, please ensure that you have completed all sections and that you have signed the declaration at the end of the form.
5. Please note that you will be asked to provide evidence of relevant awards. The onus is on the candidates to establish eligibility in this application form.
6. Canvassing by or on behalf of the applicant will automatically disqualify.
7. Please note that applicants may be shortlisted on the basis of the information supplied on this application form.
8. When completing this application form, please continue on additional pages if necessary, setting out the information in the same manner as indicated.
9. Queries may be made to the Human Resources Section, Dún Laoghaire-Rathdown County Council, County Hall, Marine Road, Dún Laoghaire, Co. Dublin or by telephone on 01-2054854 or email hr@dlrcoco.ie.

**Dún Laoghaire-Rathdown County Council is an equal opportunities employer**

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| **SECTION A – PERSONAL DETAILS** |

|  |  |
| --- | --- |
| **Surname:** | **Forename(s):** |
| **Address:** | **Home Telephone:** |
| **Work Telephone:** |
| **Mobile Tel Number:** |
| **Eircode:** | **Email address:** |

# EMPLOYEE PROFILE

## Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title (Mr., Mrs., etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driving Licence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PRSI Class: Class A1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to contact in case of emergency:**

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION B – EDUCATION, QUALIFICATIONS and TRAINING** |

**GENERAL EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Name of Secondary School (s)** | **Examinations Taken** | **Subject** | **Results** |
| **From** | **To** |
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**SWIMMING/LIFESAVING AWARDS**

**No candidate will be offered a Beach Lifeguard post until a current Beach Lifeguard Certificate has been received by the Council (Irish Water Safety / Royal Life Saving Society or equivalent accepted).**

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| **Please indicate any of the following in-date awards you currently hold:*** Hold National Beach Lifeguard Award from I.W.S. □ Date Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or* Hold Royal Lifesaving Society Beachguard Award □ Date Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or* Hold Comparable Award from other Association □ Date Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT EVIDENCE OF ANY IN-DATE AWARDS INDICATED ABOVE****If you intend to renew your award please give details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **The award cannot be more that 2 years old and must be in date for the duration of the bathing season** |

**PLEASE GIVE DETAILS OF YOUR SWIMMING/LIFE-SAVING QUALIFICATION(S) TO DATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of Award** | **Awarding Agency** | **Examination** | **Result** |
|  |  |  |  |
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| **SECTION C – EMPLOYMENT RECORD** |

**PLEASE GIVE DETAILS OF ANY EMPLOYMENT EXPERIENCE**

**This section must be completed in full starting with your current/latest employer (use extra pages if necessary)**

|  |  |  |
| --- | --- | --- |
| **Employer:** |  | **Dates:** |
| **FROM** | **TO** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:** |
| **Reason for Leaving:** |

|  |  |  |
| --- | --- | --- |
| **Employer:** |  | **Dates:** |
| **FROM**  | **TO** |
| **Address:** |  |  |  |
| **Nature of Business:** |  |
| **Position Held:** |  |
| **Temporary or Permanent:** |  |
| **Description of Main Duties and Responsibilities:** |
| **Reason for Leaving:** |

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| **SECTION D – ADDITIONAL INFORMATION** |

**REFEREES – SWIM RELATED REFEREES IF POSSIBLE – OTHERWISE EMPLOYER OR CHARACTER REFEREES**

Give names and addresses of two responsible persons, to whom you are well known but not related (if you are or have been in employment, referees should be existing or former employers)

|  |  |
| --- | --- |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **Contact Tel No.:** |   |
| **Email:** |  |
| **Details of Employer:** |  |
|  |
| **Name:** |  |
| **Position Held:** |  |
| **Address:** |  |
| **Contact Tel No.:** |  |
| **Email:** |  |
| **Details of Employer:** |  |

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| **Please use this space to outline any other information not already included which you feel may support your application e.g., leisure interest, hobbies, membership of clubs, travel, etc.**  |

Have you any objections to Dún Laoghaire- Rathdown County Council contacting your present and/or previous employers? **YES/NO**

Are you in receipt of a superannuation allowance in respect of previous employment in the Public Service? **YES/NO**

If yes, please give details of pension and date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever accepted voluntary redundancy/ early retirement from a local authority or any other Public Service organisation by which you were employed? **YES/NO**

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a current, full driving licence **YES/NO**

If yes, please specify classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is a requirement of Dún Laoghaire – Rathdown County Council that you take up duty for the duration of the Season following an offer of employment.

Do you require any special facilities/arrangements for the interview? **YES/NO**

If **yes** please outline the type of support you require below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Before signing this form, please ensure that you have replied fully to all questions asked. You should also satisfy yourself that you are eligible under the regulations. The Council cannot undertake to investigate the eligibility of Candidates in advance of the interview/examination, and hence persons who are ineligible but nevertheless enter may thus put themselves to unnecessary expense.***

**I HEREBY DECLARE all the foregoing particulars to be true and give my permission for any enquiries to be made to establish such matters as age, qualifications, experience, character and for the release by other people, agencies, police authorities or organizations of such information as may be necessary to Dún Laoghaire- Rathdown County Council for that purpose. This may include enquiries from past/ present employers.**

**THE SUBMISSION OF THIS APPLICATION IS TAKEN AS CONSENT TO THE FOREGOING.**

**AN AUTOMATED REPLY WILL BE DELIVERED TO THE APPLICANT BY RETURN.**

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

You will be contacted in due course regarding the next stage of the competition.

Yours sincerely,

## Human Resources Department.

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