Dún Laoghaire-Rathdown County Council

A collection for the control of

FOR OFFICE USE ONLY			
Applicant Number:			
Shortlisted Y/N			
Competition ID number:	007688		

Application for the post of:

TEMPORARY SENIOR EXECUTIVE QUANTITY SURVEYOR (OPEN COMPETITION) (Three year Fixed Term Specific Purpose Contract)

Notes:

- 1. Please return this application form before the closing date of Thursday 10th May 2018 at 4pm
- Applications will only be accepted in hard copy form and <u>must</u> be typed. NO EMAIL APPLICATIONS WILL BE ACCEPTED.
- 3. Please return 4 hard copies in total of the application form (1 original and 3 copies).
- 4. Do not enclose any CVs or related documents with this form.
- 5. Dún Laoghaire-Rathdown County Council will not reimburse any travel expenses necessary to attend the interview.
- 6. Before you return the form, please insure that you have completed all sections and that you have signed the declaration at the end of the form.
- 7. Please note that you may be asked to provide evidence of the National Framework of Qualifications level of your qualifications and copy of certificates verifying qualifications. The onus is on the candidates to establish eligibility in this application form.
- 8. Canvassing by or on behalf of the applicant will automatically disqualify.
- 9. Please note that applicants will be shortlisted on the basis of the information supplied on this application form.
- 10. When completing this application form, please continue on additional pages if necessary, setting out the information in the same manner as indicated.
- 11. 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 01-2054700 or email hr@dlrcoco.ie.

DÚN LAOGHAIRE-RATHDOWN COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER AND WELCOMES APPLICATIONS FROM PEOPLE WITH DISABILITIES

SECTION A – PERSONAL DETAILS	

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

Surname	1				1	Forename(s):					
Source of	applicatio	n (Na	me of newspaper/V	Vebsite, e	tc.):						
		SEC	TION B – EDU	CATION	I, QUA	ALIFICATIONS a	and Ti	RAINING			
GENERAL	EDUCATIO	<u>N:</u>									
	Dates		Name of Seco	-	Exan	ninations Taken		Subject		Results	
From	То		School (s)		Examinations raken			Judjece			
ACADEM	IC, PROFES	SION	AL OR TECHNICAL	QUALIFI	CATION	<u>S:</u>					
Da	Dates University, College or Examining Qu		Qualifi	Qualification Level in the Nati				on	Final Year Examination		
From	То		Authority	Obta	ined	Qualifications		Obtained		Subjects	
DELEVAN	T TO A INJUNIO	160	NURSES (ORTIONA	١١.							
KELEVAIN	I IKAINING	3 / CC	OURSES (OPTIONA	<u>L):</u>							

Surname: Forename(s):				
SECTION C – EMPLOYMENT RECORD				
Please give below, in date order (starting with your current employer) full details of all employment between the date of leaving school or college and the present dates. Please do not leave any period between these dates unaccounted for. If necessary, continue on a separate sheet, setting out the information in the same manner as				
below. Employer:		Dates:		
Limpioyer.		FROM	то	
Address:		T. C. II.		
Nature of				
Business:				
Position Held:				
Temporary or				
Permanent:				
Description of N	Nain Duties and Responsibilities:			
Reason for Leaving:				
Employer:		Dates:		
		FROM	то	
Address:				
Nature of		L		
Business:				
Position Held:				
Temporary or Permanent:				
	Nain Duties and Responsibilities:			
Reason for Leav	ing:			

Surname:		Forename(s):		
Employer:			Dates:	
			FROM	то
Address:				
Nature of				
Business:				
Position Held:				
Temporary or				
Permanent:				
Description of I	Main Duties and Responsibilities:			
Reason for Leav	ving.			
neuson for Leav	·····8·			
Employer:			Dates:	
			FROM	ТО
Address:				
Nature of				
Business:				
Position Held:				
Temporary or				
Permanent:	lating the state of the state o			
Description of I	Main Duties and Responsibilities:			
Reason for Leav	ving:			
incuson for Leaving.				

Surname:	Forename(s):					
	SECTION D – ADDITIONAL INFORMATION					
REFEREES:						
Give names and address	ses of two responsible persons, to whom you are well known but not related (if you	ı are or				
have been in employme	nt, 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:						
•	outline any other information not already included which you feel may support y interest, hobbies, membership of clubs, travel, etc.	our				
Have you any objections employers?	s to Dún Laoghaire- Rathdown County Council contacting your present and/or previo	ous YES/NO				
Are you in receipt of a s	uperannuation allowance in respect of previous employment in the Public Service?	YES/NO				
If yes, please give details	s of pension and date granted:					
Have you ever accepted organisation by which you	voluntary redundancy/ early retirement from a local authority or any other Public Sou were employed?	Service YES/NO				
If yes, please give details	s:					
Do you hold a current, f	ull driving licence? YE	S/NO				

Surname:	Forename(s):
If yes, please specify classes:	
Do you require any special facilities/ arrangements for the	interview (e.g. wheelchair access etc.) YES/NO
I, the undersigned, HEREBY DECLARE all the foregoing parenquiries to be made to establish such matters as age, quother people, agencies, police authorities or organization Laoghaire- Rathdown County Council for that purpose. The and the submission of the application is taken as consent	ralifications, experience, character and for the release by s of such information as may be necessary to Dún his may include enquiries from past/ present employers
Signature:	Date:

Surname:		Forename(s):		
If you wish to ensure that your application has been received in Human Resources Dún Laoghaire- Rathdown County Council please insert your email address below.				
Email address:				
Please notify this offi	ce if you do not receive an acknowle	edgement.		
COMPETITION:	<u>TEMPORARY SENIOR EXECUTIVE QUANTITY SURVEYOR</u> - OPEN (Three year Fixed Term Specific Purpose Contract)			
	(Tillee year Fixed Term Specif	ic rui pose contract)		
PLEASE PRINT NAME BELOW:				
Name:				
Acknowledged:		Date:		
I hereby acknowledge receipt of your application for the post of Temporary Senior Executive Quantity Surveyor (Open) (007688). You will be contacted in due course with regard to the next stage of the competition.				
Yours sincerely,				
Human Resources				