Dún Laoghaire-Rathdown County Council

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

Application for the post of:

LITTER WARDEN - PERMANENT (COMP. I.D. 007068)

Notes:

- 1. Please return this application form before the closing date of Thursday, 6 April 2017- 4pm
- 2. Please return 3 copies of the application form (4 in total).
- 3. Do not enclose any CVs or related documents with this form.
- 4. Dún Laoghaire-Rathdown County Council will not reimburse any travel expenses necessary to attend the interview.
- 5. 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.
- 6. 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.
- 7. Canvassing by or on behalf of the applicant will automatically disqualify.
- 8. Please note that applicants may be shortlisted on the basis of the information supplied on this application form.
- 9. When completing this application form, please continue on additional pages if necessary, setting out the information in the same manner as indicated.
- 10. 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: Forename(s):											
SECTION B – EDUCATION, QUALIFICATIONS and TRAINING											
GENERAL	GENERAL EDUCATION:										
	Dates		Name of Seco			aminations Taken		Subject		Results	
From	То		School (s)							
<u>ACADEM</u>	IC, PROFES	SION	AL OR TECHNICAL	QUALIFIC	<u>CATION</u>	<u>S:</u>					
Da From	Dates University, College or Examining Authority		Qualification Obtained Level in the Nat Frameworks Qualification		of Qualification		Final Year Examination Subjects				
			<u> </u>								
RELEVANT TRAINING /COURSES (OPTIONAL):											

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:	nployer: Dates:				
zpioye		From	То		
Address:					
Nature of		•			
Business:					
Position Held:					
Temporary or Permanent:					
	Nain Duties and Responsibilities:				
Reason for Leav	ing:				
		1			
Employer:		Dates:			
Address:		From	То		
Nature of		1	ı		
Business:					
Position Held:					
Temporary or					
Permanent:	Nain Duties and Responsibilities:				
Reason for Leav					

Forename(s):

Surname:

Surname:		Forename(s):		
Employer:			Dates:	
			From	То
Address:				
Nature of				
Business:				
Position Held:				
Temporary or				
Permanent:				
Description of N	Main Duties and Responsibilities:			
Posses for Land	ing.			
Reason for Leav	/ing:			
Employer:			Dates:	
			From	То
Address:				
Nature of			<u>I</u>	1
Business:				
Position Held:				
Temporary or				
Permanent:				
Description of I	Main Duties and Responsibilities:			
B	•			
Reason for Leav	/ing:			
Diameter 1	the constant of the constant o	P. J. C.		
Please indicate the reason(s) for seeking the position applied for:				

	Γ- ()			
Surname:	Forename(s):			
	SECTION D – ADDITIONAL INFORMATION			
DEFENCE.				
REFEREES:				
Give names and address	ses of two responsible persons, to whom you are well known but not related (if you are or			
have been in employme	ent, referees should be existing or former employers)			
Name:				
Position Held:				
Address:				
Contact Tel No.:				
Details of Employer:				
Name:				
Position Held:				
Address: Contact Tel No.:				
Details of Employer:				
Details of Employer.				
-	outline any other information not already included which you feel may support your interest, hobbies, membership of clubs, travel, etc.			
application e.g. leisure	interest, nobbles, membership of clubs, travel, etc.			
Have you any objections	s to Dún Laoghaire- Rathdown County Council contacting your present and/or previous			
employers?	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 detail	s:			
Do you hold a current f	full driving licence?			
Do you hold a current, full driving licence?				
If yes, please specify classes:				

Surname:	Forename(s):	
It is a requirement of Dún Laoghaire – Rathdown offer of employment.	County Council that you take up duty within six w	eeks following an
Do you require any special facilities/ arrangement	ts for the interview (e.g. wheelchair access etc.)	YES/NO
I, the undersigned, HEREBY DECLARE all the foregonderies to be made to establish such matters a other people, agencies, police authorities or organize-Rathdown County Council for that pure and the submission of the application is taken as	as age, qualifications, experience, character and familiarity and familiarity as may be necessary arrose. This may include enquiries from past/ pressure.	for the release by ary to Dún
Signature:	Date:	

Surname:	Forename(s):		
If you wish to ensure that your application has been receiv	ed in the Dún Laoghaire- Rathdown County Council's		
Human Resources Department, please print your name an			
Places matify this office if you do not receive an asknowle	deconout		
Please notify this office if you do not receive an acknowle	<u>agement.</u>		
COMPETITION: LITTER WARDEN – PERMANENT (OPEN) (C	007068)		
If you wish to receive an email acknowledgement please s	tate your email address below:		
,	,		
OR			
If you wish to receive a postal acknowledgement please co	omplete details below.		
	,		
PLEASE PRINT NAME BELOW:			
Name:			
Name.	Г		
Acknowledged:	Date:		
PLEASE PRINT NAME & ADDRESS BELOW:			
Name:			
Address:			
I hereby acknowledge receipt of your application for the post of LITTER WARDEN (OPEN) (007068). You will be			
contacted in due course with regard to the next stage of the competition.			
Yours sincerely,			
Human Resources Department			