Dún Laoghaire-Rathdown County Council

FOR OFFICE USE ONLY		
Applicant Number:		
Shortlisted Y/N		
Competition ID number:	007348	

Application for the post of:

GARDENER - PERMANENT (OPEN)

Notes:

- 1. Please return this application form before the closing date of Monday 9th October 2017 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 may 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: Forename(s):											
SECTION B – EDUCATION, QUALIFICATIONS and TRAINING											
GENERAL	GENERAL EDUCATION:										
	Dates	Name of Secondary			Fxan	ninations Taken		Subject		Results	
From	То		School (s)		2.0		•	Judject			
ACADEM	IC, PROFES	SION	AL OR TECHNICAL	QUALIFIC	CATION	<u>S:</u>					
	tes	University, College or Examining		Examining Qualification Obtained		Level in the Nati	of	Year Qualificatio		Final Year Examination	
From	То		Authority			Qualification	ıs	Obtained		Subjects	
RELEVAN	RELEVANT TRAINING /COURSES (OPTIONAL):										

	SECTION C – EMPLOYMENT RECORD	<u> </u>	
date of leaving s	ow, in date order <u>(starting with your current employer)</u> full details school or college and the present dates. Please do not leave any property. If necessary, continue on a separate sheet, setting out the infor	period between the	ese dates
Employer:	,	Dates:	
,		FROM	ТО
Address:			
	! -		
Nature of		•	
Business:			
Position Held:			
Temporary or		_ <u></u>	
Permanent:			
Description of N	Main Duties and Responsibilities:	<u></u>	
Reason for Leav	ring:		
Employer:		Dates:	
		FROM	ТО
Address:			
	l		
Nature of		<u> </u>	1
Nature of Business:			
Position Held:	 		
Temporary or			
Permanent:	John Dusting and D. William		
Description of N	Main Duties and Responsibilities:		
Reason for Leav	ing:		
	<u>-</u>		

Forename(s):

Surname:

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:				
Employer:			Dates:		
			FROM	то	
Address:					
Nature of			<u> </u>		
Business:					
Position Held:					
Temporary or					
Permanent:					
Description of I	Main Duties and Responsibilities:				
Reason for Leav	ving:				
Please indicate	the reason(s) for seeking the position appl	ied for:			

Surname:	Forename(s):					
	Januarie, Totellame(3).					
	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 are or					
	ent, 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:						
Please use this space to	outline any other information not already included which you feel may support your					
•	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 s	uperannuation allowance in respect of previous employment in the Public Service? YES/NO	0				
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 ves. please give details:						

Surname:	Forename(s):
Do you hold a current, full driving licence?	YES/NO
If yes, please specify classes:	
It is a requirement of Dún Laoghaire – Rathdown County Confer of employment.	ouncil that you take up duty within six weeks following an
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	alifications, experience, character and for the release by s of such information as may be necessary to Dún is may include enquiries from past/ present employers
Signature:	Date:

Surname:	Forename(s):		
If you wish to ensure that your application has been received in the Dún Laoghaire- Rathdown County Council's Human Resources , please print your name and address in the relevant areas below.			
Please notify this office if you do not receive an acknowle	edgement.		
COMPETITION: GARDENER – PERMANENT (OP	EN) (007348)		
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:			
Acknowledged:	Date:		
PLEASE PRINT NAME & ADDRESS BELOW:			
Name:			
Address:			
I hereby acknowledge receipt of your application for the post of GARDENER – PERMANENT (OPEN) (007348). You will be contacted in due course with regard to the next stage of the competition.			
Yours sincerely,			
Human Resources			