

Dún Laoghaire-Rathdown County Council

FOR OFFICE USE ONLY	
Applicant Number:	
Shortlisted Y/N	
Competition ID number:	007208

Application for the post of:

SUPERVISING INSPECTOR (WATER) – PERMANENT (OPEN & CONFINED)

Notes:

1. Please return this application form before the closing date of **Thursday 3rd August 2017 - 4pm**
2. Please return 3 copies of the application form along with original (**4 in total**).
3. Do not enclose any CVs or related documents with this form. All applications **must** be typed.
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):
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SECTION B – EDUCATION, QUALIFICATIONS and TRAINING

GENERAL EDUCATION:

Dates		Name of Secondary School (s)	Examinations Taken	Subject	Results
From	To				

ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS:

Dates		University, College or Examining Authority	Qualification Obtained	Level in the National Frameworks of Qualifications	Year Qualification Obtained	Final Year Examination Subjects
From	To					

RELEVANT TRAINING /COURSES (OPTIONAL):

Surname:	Forename(s):
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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:	
		To	From
Address:			
Nature of Business:			
Position Held:			
Temporary or Permanent:			
Description of Main Duties and Responsibilities:			
Reason for Leaving:			

Employer:		Dates:	
		To	From
Address:			
Nature of Business:			
Position Held:			
Temporary or Permanent:			
Description of Main Duties and Responsibilities:			
Reason for Leaving:			

Surname:	Forename(s):
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Employer:		Dates:	
		To	From
Address:			
Nature of Business:			
Position Held:			
Temporary or Permanent:			
Description of Main Duties and Responsibilities:			
Reason for Leaving:			

Employer:		Dates:	
		To	From
Address:			
Nature of Business:			
Position Held:			
Temporary or Permanent:			
Description of Main Duties and Responsibilities:			
Reason for Leaving:			

Please indicate the reason(s) for seeking the position applied for:

Surname:	Forename(s):
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SECTION D – ADDITIONAL INFORMATION

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:	

<p>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.</p>

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: _____

Surname:	Forename(s):
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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 within six weeks following an offer of employment.

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 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 and the submission of the application is taken as consent to this.

Signature: _____

Date: _____

Surname:	Forename(s):
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If you wish to ensure that your application has been received in the **Dún Laoghaire- Rathdown County Council's Human Resources Department**, please print your name and address in the relevant areas below.

Please notify this office if you do not receive an acknowledgement.

COMPETITION: SUPERVISING INSPECTOR (WATER) – PERMANENT (O&C) (007208)

If you wish to receive an **email acknowledgement** please state your email address below:

OR

If you wish to receive a **postal acknowledgement** please complete 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 **SUPERVISING INSPECTOR (WATER) – PERMANENT**. You will be contacted in due course with regard to the next stage of the competition.

Yours sincerely,

Human Resources Department