

Dún Laoghaire-Rathdown County Council

Application for the post of:

FOR OFFICE USE ONLY	
Applicant Number:	
Shortlisted Y/N	
Competition:	<u>Reserve School Wardens</u>

Temporary Part-Time Reserve School Warden

Notes: Please return this application form before the closing date of **Friday the 17th of November 2023 – 5.00pm**

1. Applications for this competition and will **be accepted by hard copy or by email to info@dlrcoco.ie** in the following format only: **pdf**.
2. **Do not** attach any C.V.'s or related documents with this form.
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 read the declaration at the end of the form and have printed your name as consent to same.
5. 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.
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 Road Safety section on 205 4813

DUN LAOGHAIRE-RATHDOWN COUNTY COUNCIL IS COMMITTED TO A POLICY OF EQUAL OPPORTUNITY AND ENCOURAGES APPLICATIONS UNDER ALL NINE GROUNDS OF THE EMPLOYMENT EQUALITY ACT

SECTION A – PERSONAL DETAILS

Surname:	Forename(s):
Address:	Home Telephone:
	Work Telephone:
	Mobile Tel Number:
Eircode:	Email address:
DLRCC Employee No: (if applicable)	
Source of application (Name of newspaper/Website, etc.):	

Surname:	Forename(s):
----------	--------------

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):
-----------------	---------------------

SECTION B – 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:	
		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:			

Surname:	Forename(s):
-----------------	---------------------

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:			

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

Surname:	Forename(s):
----------	--------------

SECTION C – 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.:	
Details of Employer:	

Name:	
Position Held:	
Address:	
Contact Tel No.:	
Details of Employer:	

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?

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**

Surname:	Forename(s):
----------	--------------

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.

PRINT NAME _____ Date: _____

Employment opportunities are accessible to all potentially qualified applicants including people with disabilities. If you have a disability and require any reasonable adjustments, or your first language is not English and you require any assistance with any aspect of our recruitment and selection process please call 01 205 4813