|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Applicant Number: |  |
| Shortlisted Y/N |  |
| Competition ID number: | **007468** |

**Dún Laoghaire-Rathdown County Council**

|  |
| --- |
| **SECTION A – PERSONAL DETAILS** |

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

|  |
| --- |
| TEMPORARY ARCHITECTURAL GRADUATEFIXED TERM SPECIFIC PURPOSE CONTRACT – 2 YEAR CONTRACT |

**Notes:**

1. Please return this application form before the closing date of **Tuesday 21st November 2017 - 4pm**
2. Applications will only be accepted in hard copy form and **must** 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](mailto:hr@dlrcoco.ie).

**Dún Laoghaire-Rathdown County Council is an equal opportunities employer and welcomes applications from people with disabilities**

|  |
| --- |
| **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):**

|  |
| --- |
|  |

|  |
| --- |
| **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:** | |
| **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:** | | | |
| **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:** |

|  |
| --- |
| **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:** |  |

|  |
| --- |
| **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.** |

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? **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 acknowledgement.**

**COMPETITION: TEMPORARY ARCHITECTURAL GRADUATE FIXED TERM SPECIFIC PURPOSE CONTRACT – 2 YEAR CONTRACT**

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 **Temporary Architectural Graduate.** You will be contacted in due course with regard to the next stage of the competition.

Yours sincerely,

**Human Resources**