Dún Laoghaire-Rathdown County Council

FOR OFFICE USE ONLY		
Applicant Number:		
Shortlisted Y/N		
Competition ID number:	(006848)	

Application for the post of:

Assistant Business Advisor – Open Specific Purpose Contract – 3 Year Fixed Term

Notes:

- 1. Please return this application form before the closing date of **4pm on Monday 12th December 2016.**
- 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:

Surname:	Forename(s):	
Eircode:	Email address:	
SECTION B – EDUCATION, QUALIFICATIONS and TRAINING		

GENERAL EDUCATION:

D	ates	Name of Secondary	Examinations Taken	Subject	Results
From	То	School (s)	Examinations raken	Subject	Results

ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS:

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

RELEVANT TRAINING /COURSES (OPTIONAL):

Surname:			Forename(s)	:	
	9	SECTION C – EN	//PLOYMENT R	ECORD	
Please give belo	w, in date order <u>(sta</u>	arting with your cu	rrent employer) fu	ıll details of all employ	ment between the
_		•		ve any period betweer	
unaccounted for below.	r. If necessary, conti	nue on a separate s	sheet, setting out	the information in the	same manner as
Employer:				Dates:	
				From	То
Address:					
Nature of				L	L
Business:					
Position Held:					
Temporary or Permanent:					
	 Main Duties and Res	nonsihilities:			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Reason for Leav	 /ing:				
Employer:				Dates:	
Employer.				From	То
Address:					
Nature of Business:					
Position Held:					
Temporary or					
Pormanont:	1				

Surname:		Forename(s):		
Description of N	Main Duties and Responsibilities:			
Description of t	Turn Duties and Nesponsibilities.			
Reason for Leav	ring:			
Employer:		С	ates:	
		F	rom	То
Address:				
Nature of Business:				
Position Held:				
Temporary or				
Permanent:				
Description of N	Main Duties and Responsibilities:			
Reason for Leav	ring:			
Employer:		С	ates:	
. ,			rom	То
Address:				
Nature of				
Business: Position Held:				
Temporary or				
Permanent:				
	Main Duties and Responsibilities:			

Surname:	Forename(s):
Reason for Leaving:	
Please indicate the reas	son(s) for seeking the position applied for:
	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.:	
Details of Employer:	
Name:	
Position Held:	
Address:	
Contact Tel No.:	
Details of Employer:	
Details of Employer.	
<u> </u>	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, hobbies, membership of clubs, traver, etc.
Have you any objections employers?	s to Dún Laoghaire- Rathdown County Council contacting your present and/or previous YES/NO
Are you in receipt of a s	uperannuation allowance in respect of previous employment in the Public Service? YES/NO
If yes, please give detail	s of pension and date granted:

Surname:	Forename(s):
Have you ever accepted voluntary redundant organisation by which you were employed?	y/ early retirement from a local authority or any other Public Service 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 – Rathdooffer of employment.	own County Council that you take up duty within six weeks following an
Do you require any special facilities/ arranger	ments for the interview (e.g. wheelchair access etc.) YES/NO
enquiries to be made to establish such matt other people, agencies, police authorities or	foregoing particulars to be true and give my permission for any ers as age, qualifications, experience, character and for the release by organizations of such information as may be necessary to Dún t purpose. This may include enquiries from past/ present employers en as consent to this.
Signature	Date

Surname:	Forename(s):
If you wish to ensure that your application has been receive	ed in the Dún Laoghaire- Rathdown County Council's
Human Resources Department, please print your name an	
Please notify this office if you do not receive an acknowle	dgement.
COMPETITION: Assistant Business Advisor – Open	ı - (006848)
If you wish to receive an email acknowledge please state y	your email address below:
, <u></u> ,	
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 **Assistant Business Advisor – Open - (006848)**. You will be contacted in due course with regard to the next stage of the competition.

Surname:	Forename(s):
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Yours sincerely,

Human Resources Department