



Comhairle Chontae Dhún na nGall

Donegal County Council

This Application Form, when completed, should be returned to
**Human Resources Section, Donegal County Council, Three Rivers
Centre, Lifford, Co. Donegal. Tel: 074 9172413**

Application For:- _____

Closing Date:- _____

Surname (Block Capitals):- _____

First Name (Block Capitals):- _____

Address (for correspondence):- _____

Permanent Address (if different):- _____

Telephone No:- Home: _____ Work: _____

Mobile: _____ E-mail Address: _____

Do you require any special facilities/arrangements if called for interview: YES/NO
If yes, please specify:

PARTICULARS OF EDUCATION

(a) EDUCATION/QUALIFICATIONS OBTAINED

School, College, University attended	Period From To (Please indicate if Full-Time or Part- Time)	Examinations taken (with dates)	Results (Pass or Honours)

N.B. PLEASE ENSURE THAT COPY CERTIFICATES VERIFYING QUALIFICATIONS OBTAINED ARE SUBMITTED WITH THIS APPLICATION FORM.

RECORD OF EMPLOYMENT EXPERIENCE TO DATE

Employer	Period of Employment To From	Position Held	Duties/Responsibilities

**N.B. PLEASE COMPLETE PAGE NUMBERS 3 & 4 IN FULL.
DO NOT SUBMIT A CURRICULUM VITAE**

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1) Are you in receipt of a superannuation allowance in respect of an office under a Local Authority?

Yes/No: _____

2) If yes, give particulars of pension and date upon which it was granted:-

3) Are you or have you been an elected member of a Local Authority (For Example, County Councillor/Town Councillor?)

PLEASE PROVIDE THE NAMES OF TWO RESPONSIBLE PERSONS AS REFEREES, TO WHOM YOU ARE WELL KNOWN BUT NOT RELATED. (IF YOU ARE IN EMPLOYMENT, ONE OF THE REFEREES SHOULD BE AN EXISTING EMPLOYER)

NAME:- _____ NAME:- _____

ADDRESS:- _____ ADDRESS:- _____

Before signing this Form please ensure that you have replied fully to all questions.

I, the undersigned, **HEREBY DECLARE**, all the foregoing particulars to be true.

Signature of Applicant:- _____

Date:- _____

Please return four copies (original and three copies) of the fully completed Application Form, with supporting documentation to verify your qualifications obtained.

PLEASE DO NOT SUBMIT YOUR CURRICULUM VITAE WITH THIS APPLICATION.

Candidates may be shortlisted on the basis of information given in this Application Form.

POSTING OF APPLICATION - Candidates who send their Applications by post should allow sufficient time to ensure receipt in Human Resources, not later than the latest date and time for acceptance.

CLAIMS THAT ANY APPLICATION FORM OR LETTER RELATING TO IT, HAS BEEN LOST OR DELAYED IN THE POST WILL NOT BE CONSIDERED BY THE COUNCIL, UNLESS A POST OFFICE 'CERTIFICATE OF POSTING' IS PRODUCED IN SUPPORT OF SUCH CLAIMS.

N.B. CANVASSING BY OR ON BEHALF OF THE APPLICANT WILL AUTOMATICALLY DISQUALIFY.

APPLICATION CHECKLIST

- | | |
|---|--------|
| 1. Have you completed all sections of the Application Form? | Yes/No |
| 2. Have you signed the Application Form? | Yes/No |
| 3. Have you attached copies of qualifications obtained? | Yes/No |
| 4. Have you attached four copies of Application Form? | Yes/No |

Additional/Relevant Information: _____

