

**Post: GRADUATE ENGINEER**

**TRAMORE HOUSE REGIONAL DESIGN OFFICE**

1. Name in Full (Block Letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Postal Address (Block Letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No. (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you in receipt of a Superannuation Allowance in respect of an office or employment under a Local Authority or a Harbour Authority? If so, give particulars.

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4. Are you now, or have you been within the past twelve months, a Member of a Local Authority or Harbour Authority?

5. General Education:- (Post Primary/3rd Level)

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| Period | School/Colleges  Attended | Examinations Taken | Result  (Pass or Honours) |
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6. Academic, professional or other qualifications (if any):-

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| --- | --- | --- | --- |
| Degree or other  Qualification held | By what Body  Qualification was  Conferred | Major Subjects  taken in final  Examination | Other Particulars |
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7. References: These should be responsible persons to whom you are well known but not related:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Give below in order of date, full particulars of ALL employment or experience to present date. It is not sufficient to refer to a previous application. Care should be taken to indicate in Column 3 the type of experience, especially experience as essential or desirable in the Regulations for the vacant post.

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| --- | --- | --- | --- |
| **Length of Experience or Employment. The period given should be that to which the Experience of Employment set out opposite in Column 3 relates. The inclusive dates should be indicted thus: From 1/1/1900 to 1/12/1901** | **Name & Address**  **of Employer** | **Type of Employment or Experience**  **(short description and particulars as to Salary)** | **Reasons for Leaving** |
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9. Name the post you hold at present. …………………………………………..

10.

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| **Do you have a disability/special needs?** |  |
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| **Do you hold a current valid driving licence(if applicable)?** |  |
| (a) please state of full of provisional |  |
| (b) please state the category of vehicles covered: |  |
|  |  |
| **Have you ever accepted Voluntary Redundancy/Early Retirement from a Local Authority or any other public service organisation by which you were employed?** |  |
|  |  |
| **Are you legally entitled to be employed in Ireland?** |  |
|  |  |

BEFORE SIGNING THIS FORM, PLEASE ENSURE THAT YOU HAVE REPLIED FULLY TO THE QUESTIONS ASKED. YOU SHOULD ALSO SATISFY YOURSELF THAT YOU ARE ELIGIBLE UNDER THE REGULATIONS. THIS COUNCIL CANNOT UNDERTAKE TO INVESTIGATE THE ELIGIBILITY OF CANDIDATES IN ADVANCE OF THE INTERVIEW/EXAMINATION, AND HENCE PERSONS WHO ARE INELIGIBLE, BUT NEVERTHELESS, ENTER, MAY THUS PUT THEMSELVES TO UNNECESSARY EXPENSE. WATERFORD COUNTY COUNCIL WILL NOT BE RESPONSIBLE FOR ANY EXPENSES WHICH MAY BE INCURRED BY THE CANDIDATE IN ATTENDING FOR INTERVIEW.

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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Application Form is to be submitted by email only to [graduateengineerthrdo@waterfordcouncil.ie](mailto:graduateengineerthrdo@waterfordcouncil.ie) **not later than 4.00 p.m. on Wednesday, 8th November 2017. Hard Copies will not be accepted. Applications received after the closing time & date will not be considered.**