|  |
| --- |
| A picture containing text, font, design  Description automatically generated**Carlow County Council**Application for post of temporary **Inland Open Water Lifeguard***Return completed Application Form together with required supporting documentation listed below in a sealed envelope marked “Application for Lifeguard” to:**Human Resources, Carlow County Council, County Buildings, Athy Rd, Carlow, R93 E7R7,* *on or before****12 noon on Friday, 26th April 2024*** |
| **Note**: Completed applications must be accompanied by **original**  1. Birth or Baptismal Certificate 2. Life Saving, Lifeguarding and Resuscitation Qualifications  *(These documents will be returned on day of assessment)***It will be necessary for the successful candidates to be Garda Vetted prior to appointment.** |
| **BLOCK CAPITALS****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PHONE NUMBERS****HOME:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MOBILE:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **PARTICULARS OF BIRTH****DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **EDUCATION****PLACE/SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CURRENT LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **LIFESAVING QUALIFICATIONS (indicate year obtained)**  |
| **RESUSCITATION [incl. AED] QUALIFICATIONS (indicate year obtained)** |
| **DETAILS OF CODE OF ETHICS/CHILD PROTECTION COURSES Attended** |
| Are you available to undertake Inland Open Water Lifeguard and suitable training relevant to your potential employment? *Please circle* **Yes** **No**   |
| **PREVIOUS LIFEGUARDING EXPERIENCE (if any)****LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **EMPLOYERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PERIOD OF EMPLOYMENT: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CURRENT EMPLOYMENT:**

|  |
| --- |
| **HOLIDAY ARRANGEMENTS:**If offered employment, are you available to undertake duty on a continuous basis throughout the months of June, July and August? (Please check family and/or friends holiday arrangements prior to completing this section) *Please circle* **Yes** **No** NOTE: Any offer of employment may be made to you on the basis that you are available for duty, as required by Carlow County Council, throughout the months of June, July and August. |

|  |  |
| --- | --- |
|  **TRANSPORT****Do you have access to vehicle transport?** **Yes** **No** If ‘Yes’ please indicate current status of driving license held**:** **Provisional** **Full** |  **DETAILS****Mode of transport:** **Car Motorcycle****Reg. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Insurance details: \_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CLOTHING SIZE (**Please circle**)**SMALL MEDIUM LARGE EXTRA LARGE |
|  **REFEREES**[Two responsible persons to whom you are well known but are not related] **NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DECLARATION:*** I hereby authorise Carlow County Council, if necessary, to verify separately my lifesaving qualifications
* I hereby authorise Carlow County Council to make an Application for Garda Vetting
* I solemnly declare that the replies to the question given above by me to Carlow County Council are true and complete and I have not withheld any material fact. I note that any incorrect answer given by me, or the withholding of any material facts, may result in my not being considered for employment with Carlow County Council, or after employment, in my dismissal.

**I, the Undersigned, hereby solemnly declare, all the foregoing particulars to be true**.**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Completed application form together with required support particulars to be returned to Human Resources, Carlow County Council, County Buildings, Athy Rd, Carlow, R93 E7R7, on or before 12 noon on FRIDAY, 26th APRIL 2024.***

***CARLOW COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER***