

Dalkey School Project NS Glenageary Lodge Glenageary, Co Dublin Telephone: 01-2857199

Email: <u>applications2020@dspns.ie</u>
Website: www.dspns.ie

APPLICATION FORM CARETAKER AND MAINTEANCE ASSISTANT

Name:		
Address:		
Email:		
Phone number:		
		cility or facilities attended by your, the dates ertificate, Third Level Qualification, FETAC
Educational Facilities attended: School/College	Dates	Qualifications

mployment Hi lease provide o	-	s work history be	ginning with th	e most recent post.	
Dates (From/To)	Name & Addro		Summa	ary of Main Duties	Reason for Leaving
elevant Qualif	n outline of any			might have e.g. He ade or managemen	
lease furnish a irst Aid, qualifi		Awarding hody		Date	
lease furnish a		Awarding body		Date	
lease furnish a irst Aid, qualifi		Awarding body		Date	
lease furnish a irst Aid, qualifi		Awarding body		Date	

From:

To:

If Apprenticeship served give detail:

Trade:

Other Experience:

Please give any other information, with regard to community/voluntary involvement e.g. sporting events or organisations, charity events or volunteering where you may currently have or had in the past a position of manager, coach, maintenance, volunteer etc., which you may feel are relevant to this position.

Organisation	Position	Duties
Please give an outline of any rele	evant experience you might have	which you believe will assist you in
the performance of this position		willen you believe will assist you in
The position may require some e	evening and weekend work. Plea	se indicate if there are any particular
hours or days of the week during		

References

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. (<u>Please note:</u> your referees may be contacted without further communication with you and after selection interview).

Present	or mos	t recent	employ	ver:
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Name & Title:	Full address:
Position Held:	
Telephone/Mobile:	Email:
Other referee:	
-	T
Name & Title:	Full address:
	-
Position Held:	
Telephone/Mobile:	Email:
Declaration and Signature	
 You are required to sign the declaration have provided is accurate. 	below certifying that all the information you
The Interview Panel may wish to check a	any of the details you have provided.
_	erately concealing any relevant facts may result ocess or, where discovery is made after an
appointment, in summary dismissal.	cess of, where discovery is made after an
I declare that the information supplied in this a	nnlication form is accurate and true
. acciare that the information supplied in this a	pp.134.311 131111 13 document did tide.
Signed	Date

Completed Applications should be returned on or before 3.00pm Wednesday 25th November 2020 by email to applications2020@dspns.ie