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| **TRIMLEY ST MARTIN PARISH COUNCIL**  **APPLICATION FORM** | | | | |
| **STRICTLY CONFIDENTIAL**  This application form is an integral part of our selection procedure.  It has been designed to enable you to give us a meaningful written representation  of yourself and your career interests. Please complete the form accurately in black  type, but if sections do not apply, leave them blank. If you have insufficient room to provide  the relevant information in any section, please continue on a separate sheet. | | | | |
| **PART A: JOB DETAILS** | | | | |
| **Post applied for PARISH CLERK AND RESPONSIBLE FINANCE OFFICER** | | | | |
| **PART B: PERSONAL DETAILS** | | | | |
| **Preferred title** | | | | |
| **Surname** | | | | |
| **Forenames** | | | | |
| **Address** | | | | |
| **🕿Work**  **🕿Home**  **✆Mobile**  **🖳Email** | | | **Car Owner**  **Current driving licence**  **Detail of endorsements** | |
| The Asylum and Immigration Act 1996 makes it a criminal offence for us to employ those who do not live or work in the United Kingdom, therefore we will require evidence of legality prior to appointment. Documents which can support this include your passport or national identity card.  **Do you require a work permit to work in this country**  **National Insurance Number** | | | | |
| **Detail anything in your medical history or state of health relevant to this application**  **NONE**  **No. of days sick in the last 2 yrs No. of spells of sickness in the last 2 yrs**  **Types of sickness in each spell in the last 2 yrs** | | | | |
| In accordance with the Rehabilitation of Offenders Act 1974, applicants should give details of any criminal convictions which may be relevant to their application.  **Relevant details** | | | | |
| **PART C: EDUCATION AND TRAINING** | | | | |
| **Establishment Name** | **From** | **To** | | **Examination results**  **(include subject, level & grade)** |
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| **PART D: PRESENT OR MOST RECENT EMPLOYMENT** | | | | |
| **Name and address of employer** | | | | |
| **Position held** | | | | |
| **Dates employed** | | | | |
| **Salary** | | | | |
| **Key roles/achievements** | | | | |
| **Reason for leaving** | | | | |
| **Date that you could take up new appointment** | | | | |
| **PART E: EMPLOYMENT HISTORY** | | | | |
| **Name and address of employer** | | | | |
| **Position held** | | | | |
| **Dates employed** | | | | |
| **Salary** | | | | |
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| **Reason for leaving** | | | | |
| **Name and address of employer** | | | | | |
| **Position held** | | | | | |
| **Dates employed** | | | | | |
| **Salary** | | | | | |
| **Key roles/achievements** | | | | | |
| **Reason for leaving** | | | | | |
| **Name and address of employer** | | | | | |
| **Position held** | | | | | |
| **Dates employed** | | | | | |
| **Salary** | | | | | |
| **Key roles/achievements** | | | | | |
| **Reason for leaving** | | | | | |
| **PROVIDE ADDITIONAL INFORMATION ON A SEPARATE SHEET IF NECESSARY** | | | | | |

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| **PART F: MEMBERSHIP OF PROFESSIONAL INSTITUTES** | |
| Give details of the membership body, type of membership and dates during which membership applied | |
| **PART G: PRESENT/MOST RECENT UNPAID ACTIVITY** | |
| **Name and address of organisation** | |
| **Position held** | |
| **Dates involved** | |
| **Key roles/achievements** | |
| **Reason for leaving (if relevant)** | |
| **PART H: REFEREES** | |
| Do you wish to be approached before referees are contacted | |
| Please give details of **two** referees (one of which must be your present or last employer) | |
| **Name** | **Name** |
| **Address** | **Address** |
| **🕿** | **🕿** |
| **Position** | **Position** |

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| **PART I: SUPPORTING STATEMENT** |
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| **PART J: DECLARATIONS** |
| **To the best of my knowledge the information I have given is correct. I understand that giving false information or omitting to give relevant information could disqualify my application and, if I am appointed, could lead to my instant dismissal**    **(Signature) (Date)** |
| **I understand that direct or indirect canvassing of councillors for any appointment shall disqualify me from appointment.** **I have not canvassed in connection with this application**  **(Signature) (Date)** |
| **I have the following relationships and financial interests which are relevant to/conflict with this post**  **(Signature) (Date)** |
| **If appointed, I consent to my personal information being held for the purpose of administration of my employment**  **(Signature) (Date)** |
| **PART K: GUIDANCE NOTES FOR JOB APPLICATION** |
| **Please make sure your application is received by 17.00hrs on the closing date.**  **PART J: Declaration of business or other interests will not necessarily disqualify you from consideration but potential conflict interests must be declared. To avoid allegations of bias any relevant relationships must be disclosed. If undisclosed then the candidate will be liable to disqualification from further consideration or to being summarily dismissed from their appointment.**  **PART L: Monitoring the effectiveness of our equal opportunities policy is important to us and we expect candidates to complete the form. It will not be used for the short-listing process and will not discriminate against your selection.** |
| **PART L: EQUAL OPPORTUNITIES POLICY MONITORING FORM** |
| This Parish Council is an equal opportunities employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, sexual orientation, marital status, race religion, colour, nationality, ethnic or national origins or disability or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. Recruitment, selection and promotion procedures will be monitored to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.  To assist in monitoring the operation of its equal opportunities policy, and **for no other reason**, please answer the following questions. (Tick where appropriate). This information will be detached before your application is passed for short listing.  Position applied PARISH CLERK AND RESPONSIBLE FINANCE OFFICER  Date of birth Age  Male/Female  I have a disability I would like the Council to know about  I have special requirements you will need to take into account in testing/interview  If registered disabled, please give registration number and brief details of disability to help us make adjustments.  Please indicate your cultural/ethnic origin  Black AfricanPakistani  Black Caribbean Other Asian (please specify  Black Other (please specify)White  Bangladeshi White Irish  Chinese White other (please specify)  Indian  Any Other (inc. mixed race) (please specify) |
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**Thank you for your assistance in completing this form**