

WOODBIDGE TOWN COUNCIL JOB APPLICATION FORM



Please complete this accurately giving as many details as possible of your skills and experience relating to this job application. Short-listing will be based on the information gathered from the form read in conjunction with the person specification. You will be advised of the outcome of your application in writing.

Please ensure the finished form is signed, dated and returned by the closing date to **Woodbridge Town Council, Shire Hall, Market Hill, Woodbridge IP12 4LP**. We are unable to accept forms returned as email attachments without a signature.

Please complete the form in **Black Ink** and **BLOCK CAPITALS AND RETURN TO THE ADDRESS ABOVE, ENVELOPE TO BE MARKED "PRIVATE AND CONFIDENTIAL" AND ADDRESSED TO THE TOWN MAYOR**

POSITION APPLIED FOR:

JOB TITLE:

1. APPLICANTS DETAILS

<i>Title:</i>	<i>Surname:</i>	<i>First Names:</i>

Home Address:

Postcode:

Telephone Numbers: please include full STD code

Home:

Work:

Mobile:

Email address:

How much notice do you need to give your current employer?

4. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in Section 6: Skills, Abilities and Experience.

1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

2. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

3. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

4. Employer/organisation

Name:

Address:

Job Title:	From:	To:
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Brief description of duties:

Reason for leaving/changing:

5. MEMBERSHIP OF PROFESSIONAL ORGANISATION OR TRADE ASSOCIATION

Please give details of any professional organisation or trade association of which you are a member including level of membership.

6. RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

7. REFERENCES

Please give name, address and position/occupation of two references. One must be your present or most recent employer. If you are short-listed, references may be taken up prior to interview. Please indicate if you DO NOT wish us to contact your current employer prior to interview. Testimonials or references from friends and relatives are not acceptable.

1. Name:

Position:

Organisation

Address:

Tel:

2. Name:
Position:
Organisation
Address:
Tel:

8. OTHER INFORMATION (HOBBIES, INTERESTS & VOLUNTARY POSITIONS)

Please give details of any hobbies, interests & Voluntary positions held to help us understand more about you.

Do you hold a current driving licence?	<input type="text" value="YES/NO"/>	Do you own a car?	<input type="text" value="YES/NO"/>
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Are you related to any member or employee of the Council?

If yes, please provide name(s) and state relationship:

HEALTH

Is there anything concerning your medical history or state of health that is relevant to your application?

This will be treated as Confidential

Please state the number of days sickness absence in the last two years:

DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job?

If Yes, please provide further details (use a continuation sheet if necessary):

REHABILITATION OF OFFENDERS ACT 1974

Please declare any unspent convictions (or all convictions if the post is exempt) on a separate sheet and tick this box if doing so

THE ASYLUM AND IMMIGRATION ACT 1996

It is a criminal offence for us to employ those who do not have permission to live or work in the United Kingdom, therefore we will require evidence of legality. Documents which can support this are your passport, or a national identity card.

I declare that to my knowledge, the information on this application and submitted on any accompanying documents is full and correct. I understand that if I have given false or misleading information on this application, Woodbridge Town Council may dismiss me if I am appointed. In accordance with the Data Protection Act 1998 as part of this application you give Newmarket Town Council permission to

collect, retain and process information about you. This information will only be used so that we can monitor our compliance with the law and best practice in terms of equal opportunity and no-discrimination. If your application is unsuccessful it will be kept for 12 months and then confidentially destroyed. If you are employed by Woodbridge Town Council, this application will be retained on your personal file for the duration of your employment.

9. DECLARATION AND SIGNATURE

The information supplied in this application form is complete and accurate to the best of my knowledge.

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Signed

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Date

By signing and returning this application form you consent to Woodbridge Town Council using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party. Please note that failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal.

Thank you for completing this form.