STURMINSTER NEWTON TOWN COUNCIL





PLEASE USE **BLOCK CAPITALS** AND CONTINUE ON SEPARATE SHEET(S) IF SPACE IS INADEQUATE

PERSONAL DETAILS		
Forename(s):	Surname:	
Address:		
	Postcode	:
Telephone:	Mobile:	
Email address:		
How did you learn of this vacancy?		
EDUCATION DETAILS		
Please give details of all secondary educ	cation including examinations taken (wit	th results).
Schools / Colleges	Courses / Exams	Qualifications / Grades obtained Date
State any other achievements during ed	ucation:	
Please be prepared to provide certificate	es of pass. etc.	
FURTHER/HIGHER EDUC	CATION DETAILS	
Please give details of any university covocational studies, correspondence cour	urse or other further education underta	ken (including youth training, technical courses,
University / FE College	Courses / Exams	Qualifications obtained Grade Date

example, first aid training, fire			
Description	Provider/certifier		Date undertaken/obtained
Please be prepared to provide	a cartificates of pass atc		
Trease be prepared to provide	e cerunicates or pass. etc.		
PURI IC OR VOLU	NTARY COMMITMENTS		
		P 4 4	
Please give details of membe	ership of any public or voluntary body and inc	icate the ap	oproximate time commitment entailed.
Please give details of relevan for the job for which you are a	t previous employment / key duties and resp applying, starting with the most recent emplo		
Please give details of relevant for the job for which you are a CURRENT/MOST RE	t previous employment / key duties and resp applying, starting with the most recent emplo		
Please give details of relevanted for the job for which you are a CURRENT/MOST RE	t previous employment / key duties and resp applying, starting with the most recent emplo	yment and v	working backwards.
Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Address:	t previous employment / key duties and respapplying, starting with the most recent emplo	yment and v	working backwards.
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Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Address: Email Position held:	t previous employment / key duties and respapplying, starting with the most recent emplo	yment and v	working backwards.
Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Address: Email Position held: Date started:	t previous employment / key duties and respapplying, starting with the most recent emplo	yment and v	working backwards.
Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Address: Email Position held: Date started: Notice period:	t previous employment / key duties and respapplying, starting with the most recent emplo ECENT EMPLOYER Pos	yment and v	working backwards.
Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Name: Address: Email Position held: Date started: Notice period: Current salary:	t previous employment / key duties and respapplying, starting with the most recent emplo ECENT EMPLOYER Pos	yment and v	working backwards.
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Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Name: Address: Email Position held: Date started: Notice period: Current salary: Outline of duties/responsibiliti	t previous employment / key duties and respapplying, starting with the most recent emplo ECENT EMPLOYER Pos	yment and v	working backwards.
Please give details of relevant for the job for which you are a CURRENT/MOST RENAME: Name: Address: Email Position held: Date started: Notice period: Current salary: Outline of duties/responsibiliti	t previous employment / key duties and respapplying, starting with the most recent emplo ECENT EMPLOYER Pos	yment and v	working backwards.
for the job for which you are a CURRENT/MOST RE Name: Address: Email Position held: Date started: Notice period: Current salary: Outline of duties/responsibiliti Reason for leaving:	t previous employment / key duties and respapplying, starting with the most recent emplo ECENT EMPLOYER Pos es employment contain any restrictions that present applying and respaps to the contain any restrictions that present applying and respand to the contain any restrictions that present applying a present ap	stcode:	working backwards.

PREVIOUS EMPLOYER (1)	
Name:	
Address:	
Postcode:	Telephone:
Position(s) held:	Date from - to:
Salary:	
Outline of duties/responsibilities:	
Reason for leaving:	
DREVIOUS EMPLOYED (2)	
PREVIOUS EMPLOYER (2)	
Name:	
Address:	
Postcode:	Telephone:
Position(s) held:	Date from - to:
Salary:	-
Outline of duties/responsibilities:	
Reason for leaving:	
DESCRIBING YOU	
Please read the Job Description and Person Specification and then tell us have to enable you to work successfully in this role (use additional sheets	what skills, experience and personal qualities you
nave to enable you to work successfully in this role (use additional sneets	ir necessary).

INTERESTS, HOBBIES AND SPORTS			
Please give details of all your spare time interests and hot voluntary work and so on.	obies including details	of membership of	bodies, committees,
RIGHT TO WORK IN UK			
Are you legally entitled to work in the UK?	YES	NO	
We will require evidence of this prior to commencing employme	nt		
Please provide your National Insurance No.			
CRIMINAL RECORD			
Have you ever been convicted of a criminal offence?	YES	NO	
Declaration subject to the Rehabilitation of Offenders Act 1974 If YES, please give details:			
REFERENCES Please give two references, both of who should be able to be your present/most recent employer)	to comment on your	suitability for the p	post (one should
Name:			
Address			
Postcoda	Telenhone		
Postcode Email	reiepnone		
Why is this person your referee?			
Can we contact them prior to interview YES NO			
Name:			
Address			
Postcode	Telephone		
Email			
Why is this person your referee?			
Can we contact them prior to interview VES NO			

Please delete as appropriate:				
Do you have a current valid driving licence?	YES	NO		
If you have a driving licence is it:	PROVISIONA	AL	FULL	HGV
We will require evidence of this prior to commencing employn	nent			
HEALTH				
Do you require any reasonable adjustments or auxiliary aid(s)	for the intervie	w and sele	ction process?	YES NO
Do you suffer from any disability* (a physical or mental impairment that has a long term and substantial effect on your ability to carry out day to day activities) and/or medical condition which will affect your ability to carry out the main duties of the job for which you are applying (see attached job description/specification)? YES NO				
This information will help us to identify reasonable adjustment to accommodate you. We are an equal opportunities employe				
If YES, please give details:				
UNDERTAKING				
Please read and sign the following undertaking: I application form is, to the best of my knowledge a should I have deliberately made a false or mislead can be terminated without notice.	ınd belief, tru	ue in all r	espects. I un	derstand that,
Signed	Date			
Note: We are an equal opportunities employer an	d will not tol	erate dis	crimination in	any form.
DATA PROTECTION				
The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.				
I CONSENT TO MY PERSONAL INFORMATION BEING LABOVE.	JSED FOR TH	E PURPO	SES AND ON	THE TERMS SET OUT
Signed	Date			

DRIVING LICENCE