



APPLICATION FORM

Official use only

Please note

The information given by you throughout this application is accepted as accurate. Any false or inaccurate information deemed to be a deliberate attempt to deceive will disqualify the applicant or, if already in post, will result in the employment being terminated.

Please complete and return this form to The Town Clerk, Ilminster Town Council, The Council Offices, North Street, Ilminster, Somerset TA19 0DG or email it to town.council@ilminster.gov.uk

Post:	Closing Date:
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Information may be copied and stored on a database and used during the recruitment process or used to form part of the personnel file if successful. Pages 1 and 4 of this application form will not be used as part of the selection process other than for contact details

Last Name:	Title: (Mr/Mrs/Miss/Ms/Dr/Other)
Other Names:	Name you like to be called:
Date of Birth :	National Insurance Number (or proof of entitlement to work in UK):
Address (including post code) :	
Home Telephone Number:	Mobile Telephone Number:
Email:	
Do you hold a current full driving licence? YES/NO	
Please provide details of any motoring convictions, disqualifications or penalty points which are not spent:	

Please indicate where you saw the vacancy advertised / heard about the vacancy e.g. website name, publication, word of mouth: :
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2. PRESENT EMPLOYMENT

Name and Address of Current Employer:

Job Title:

Date Commenced:

Reason for leaving

Present salary:

Notice required:

Outline your main tasks, responsibilities and achievements (continue on a separate sheet if necessary):

3. WORK HISTORY (most recent first, Continue on a separate sheet if necessary)

Employer (name)	From	To	Reason for Leaving	Job Title & Main Tasks

4. SECONDARY/FURTHER/HIGHER EDUCATION (in date order)

Name of School / College	Town	From	To	Qualification(s) Awarded (Subject and Level)	Date of Award

5. Professional Qualifications (including membership of professional organisations)

Professional / Assessing Body	Qualification(s) Awarded (Subject and Level)	Date of Award

6. Details of Job Related Training undertaken in the last 5 years (most recent first)

Course Title	Organisation / Tu-tors running the course	Topics covered	Dates Attended

7. Please use the space below to say why you are applying for this job.

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A large, empty rectangular box with a thin black border, intended for the applicant to write their reasons for applying for the job.

9. Please use the space below to tell us about your personal attributes which are relevant to the role. Please refer to the person specification to help you complete this section. (Continue on a separate sheet if necessary)

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10. HOBBIES AND OTHER INTERESTS (include any positions of responsibility

11. POSITIVE ABOUT DISABILITY

The Council welcomes applications from people with disabilities and will guarantee an interview to all disabled candidates who demonstrate they meet the essential requirements of the post. The information requested below will help us to ensure that disabled candidates have fair and equal access to recruitment opportunities and that we fulfil our obligations under the Equality Act 2010. Under this Act, a person with a disability is defined as having 'a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider yourself to have a disability **YES/NO**
If yes, and you are selected for interview, would you welcome a pre-interview discussion to identify any requirements you may have? **YES/NO**

Would the provision of any aids or reasonable adjustments assist you in carrying out the duties of the post? (if yes, this will be discussed with you at interview) **YES/NO**
Registration Number (if applicable):

12. DISCLOSURE OF CRIMINAL OFFENCES

Please provide details of any criminal convictions which are **not spent** under the Rehabilitation of Offenders Act 1974*

Date

Nature of offence

If the post you are applying for requires an enhanced Disclosure Certificate (as indicated in the information sent to you), the Rehabilitation of Offenders Act does not apply. Therefore, please also give details of any 'spent' convictions.

* Only relevant convictions will be taken into account

13. REFERENCES

Please give two referees. One should be your present employer. **If you do not wish us to contact either of the referees before further discussion with you, please indicate with an asterisk against their name.**

Name	Name:
Address:	Address:
Telephone Number:	Telephone Number:
Email address:	Email address:
Occupation:	Occupation:
Employer/Personal Reference:	Employer/Personal Reference:
May we contact prior to interview YES/NO	May we contact prior to interview YES/NO

14. DECLARATIONS/CODE OF CONDUCT

Are you related to any Councillor or Employee of this council? **YES/NO**
 If YES, please give details:

I understand that canvassing of Councillors or Officers, directly or indirectly, will disqualify my application. I declare that the information given on the application is to the best of my knowledge true and complete

Signed: Date: