

APPLICATION FORM



Please complete in black ink and return to address on back page, by e.mail or post.

All sections of this form are to be completed.

VACANCY DETAILS			
Closing date:			
Appointment of:			
Where did you see the advertisement?			
PERSONAL DETAILS			
Surname:		First names:	
Home address:		Telephone numbers/e.mail address:	
Post code		private:	
		work:	
		mobile:	
		e.mail:	
		can we contact you at work? YES/NO	
Preferred title: e.g. Miss	NI Number:	Valid driving licence:	YES/NO/PROVISIONAL
		Car Owner:	YES/NO
Are you related to or are the spouse/partner of any councillor or employee of Sherborne Town Council: If yes please give details:			YES/NO
Canvassing will disqualify your application or appointed make you liable for dismissal:			
EDUCATION AND TRAINING			
From:	To:	School, Colleges, University, etc attended (latest first):	Qualifications attained with grades:

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS

Organisation:	Membership status:	Date awarded:

EMPLOYMENT HISTORY (Most recent jobs first)

Please indicate all previous positions held including any with this Council, **starting with most recent:**

Present position:

Present Employer:

(including location)

Brief description of present position:

Start Date:

Current Salary:

Benefits:

Reason for wishing to leave:

From:	To:	Previous positions:	Employer and locations:	Reason for leaving:

NOTICE

Please state the period of notice you are required to give in your present job:

REFERENCES

Please provide two referees with knowledge of your work/character. One must be your most recent employer. If you have worked for your current employer for less than 6 months, please attach a referee's name, who must be a previous employer. If one of your referees is a personal one, the referee cannot be related to you in any way. References are in confidence.

a) Employer

Name: _____ Relation to you: _____

Job title: _____

Address: _____

_____ Phone: _____ Fax: _____

E.mail: _____ Can we contact this referee prior to interview? **YES/NO**

b) Other reference

Name: _____ Relation to you: _____

Job title: _____

Address: _____

_____ Phone: _____ Fax: _____

E.mail: _____ Can we contact this referee prior to interview? **YES/NO**

SPARE TIME ACTIVITIES

ADDITIONAL INFORMATION

Please give details of any convictions other than those which are 'spent' under the provisions of the Rehabilitation of Offenders Act 1974. Failure to disclose such convictions could result in dismissal. Information given will be treated in the strictest confidence.

I understand that any offer of employment will be subject to the information given on this form being correct and any appointment may be subject to a satisfactory medical report and references. I understand that the data on this application form will be processed in accordance with the Data Protection Act 1998 and I give my consent to this. Data may therefore be passed to other members of the council who require my information for legitimate business purposes. Any queries please contact the Town Clerk.

Signed: Dated

Completed applications should be returned by 12.00 noon on Thursday 24 January 2019 marked confidential to:
The Town Clerk, The Manor House, Newland, Sherborne, Dorset, DT9 3JL or: **E.mail:** t.savage@sherborne-tc.gov.uk

Please attach any supplementary material or a CV with your application.

Tel: 01935 812807 **Website:** www.sherborne-tc.gov.uk