

**CONFIDENTIAL**

APPLICATION FOR EMPLOYMENT

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| Surname:  First Names:  Nat. Insurance No.: | Preferred title (e.g.: Mr / Mrs / Ms / Miss / etc): |

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| Address: | Contact details:  Mobile:  Home:  E-mail: |

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| Do you hold a current driving licence? | Yes / No |

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| Do you require any of the following to take up employment in the UK?  Expect to be asked to provide proof of your right to work in the UK. | |
| Work permit | Yes / No |
| Further leave to remain | Yes / No |
| Registration Certificate / EU Settlement Scheme / Other | Yes / No |

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| Please indicate below details of any previous and present employment: | | | | |
| Date  From | To | Employers name, address & nature of business | Job(s) | Reasons for leaving |
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| Date  From | To | School, college, workplace training | Subjects studied and qualifications gained |
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| Please give details of any professional / vocational qualifications you may have: | | | |
| Date  From | To | Qualification | Membership of professional body |
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| If you are currently working, please state the period of notice required by your employer: |

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| Please use this space to include any other information, not necessarily about paid employment, which you consider relevant to your application: |

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| It is important that you provide evidence of how you meet the essential and desirable criteria set out in the person specification. Please use this section to include any relevant information which demonstrates your ability to meet the person specification and job description for this role, including achievements and skills gained in any unpaid activities you consider relevant to the post. |
| Please use this section to submit relevant information which demonstrates your understanding of issues facing Parish Councils and the environment in which they operate. |

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| Rehabilitation of Offenders Act 1974 – Please state below details of any previous convictions: | | |
| Date of conviction | Offence | Sentence (including suspended sentences) |
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| Under the Act, entry to certain occupations may depend on the applicant’s conviction record. Spent convictions should not be included. If you have no convictions enter ‘**None**’. | | |

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| Are you related to any Member or employee of the Council? | Yes / No |
| If so, to whom? | |
| What is their relationship to you? | |

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| Do you have any financial, business or personal interest which might conflict with carrying out the duties of this post? | Yes / No |
| If so, please give details: | |

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| Please give the name and address of two persons to whom reference can be made. If you are in employment your present employer should be included. Approach will be made unless otherwise requested. | |
| 1.  Name:  Organisation (*if applicable):*  Address:  Tel No:  Employer or Personal ?  May we contact this referee if we decide to invite you for interview  Yes No | 2.  Name:  Organisation (*if applicable):*  Address:  Tel No:  Employer or Personal ?  May we contact this referee if we decide to invite you for interview  Yes No |

**Data Protection Act**.

If you submit an application for employment the Town Council will record and use the information which you provide for the purpose of dealing with the application and, if the application is successful, for establishing your personnel record. The information will not be kept any longer than is necessary for these purposes. Personal data provided will be used for the purpose of monitoring our Equal Opportunities Policy. By submitting an application form you are consenting to the recording and using of the information which you supply.

I certify that the above information (and any other information enclosed) is correct and I agree that Sprowston Town Council may take reasonable steps to verify this information (e.g. by obtaining proof of qualifications). I agree to Sprowston Town Council processing and retaining the personal information contained on this form for any purposes connected with my application or my health and safety while on the premises, my employment record if appointed, and any institutional analysis.

I declare that, to the best of my knowledge, the information I have supplied on this form is true.

Signature………………………………………………. Date…………………………………….

To be returned to: Town Clerk

Sprowston Town Council

Council Office

Recreation Ground Road

Sprowston

Norwich NR7 8EW