

Application Form

Please complete in black ink and print where possible

Position applied for:	Closing date and source of application:
Surname:	First names and title:
Address:	Telephone: Mobile: Email: National Insurance Number:

Personal Details:

Do you require a work permit to take up employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold a current clean driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of any driving offences currently under endorsement:	
Please give details of any unspent criminal convictions that you may have (in accordance with the Rehabilitation of Offenders Act 1974).	
If offered this position will you continue to work in any other capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously worked for Groby Parish Council?	YES / No
If YES, please give details of position held, dates of employment and main responsibilities:	

Employment History

Please list all employment in reverse chronological order, starting with your present or last position. Please continue on a separate sheet if you need to.

Name & Address of Employer:

Date joined:

Date Left:

Job Title:

Describe your duties and responsibilities:

Salary:

Type of Business:

Reason for Leaving:

Name & Address of Employer:

Date joined:

Date Left:

Job Title:

Describe your duties and responsibilities:

Salary:

Type of Business:

Reason for Leaving:

Name & Address of Employer:

Date joined:

Date Left:

Job Title:

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Name & Address of Employer:

Date joined:

Date Left:

Job Title:

Describe your duties and responsibilities:

Salary:

Type of Business:

Reason for Leaving:

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Education and Qualifications Date From/To	Name of School, College or University	Qualifications Gained

Training

Please list the relevant training courses attended below (if applicable):

Hobbies

Please give details of your main hobbies:

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Illness and/or Accidents

1. Do you consider yourself to have any disabilities? If yes, please give details (this will enable the Council to make reasonable adjustments to help accommodate you):

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Please give details of any outside interests or other information you feel will support your application:

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References

Please give the names and addresses of two referees. One should be your present or last employer if possible.

Referee 1	Referee 2
Name	Name
Address	Address
May we approach them now? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we approach them now? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you related to any member or employee of this Council? Yes No

If yes please give full details:

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IMPORTANT NOTICE

Failure to answer all the questions on this application or failure to reveal information which might influence a decision on whether or not to employ you will automatically invalidate the application and the offer of employment, and where employment has commenced, to dismissal.

DECLARATION

<i>I, the undersigned, declare that the information given by me on this application and any other form (including at interview) to the best of my knowledge is correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would influence a decision to employ or not employ me.</i>	
Signature	Date