



NEWHAVEN TOWN COUNCIL

APPLICATION FOR EMPLOYMENT

Please type or write clearly in black ink. Use an additional sheet where necessary.
This form is available online at www.newhaventowncouncil.gov.uk

POST APPLIED FOR:

(BLOCK CAPITALS)

LAST NAME:

FIRST NAMES:

ADDRESS:

EMAIL ADDRESS:

DAYTIME TELEPHONE NUMBER:

EVENING TELEPHONE NUMBER:

If you have a disability please tell us about any adjustments we may need to make to assist you with the selection process.

DO YOU HOLD A CURRENT DRIVING LICENCE? (PLEASE TICK) YES NO

DO YOU OWN ANY FORM OF TRANSPORT?
(If so please specify)

ARE YOU RELATED TO ANY COUNCIL MEMBER OR EMPLOYEE? (If so give details) (NB Failure to disclose such a relationship and/or canvassing will disqualify)

INTERESTS OUTSIDE WORK:

EDUCATION AND TRAINING

Please give details of qualifications achieved (e.g. NVQs, GCSEs, etc)

QUALIFICATION (TYPE & SUBJECT)	NAME OF SCHOOL, COLLEGE, UNIVERSITY ETC	GRADE/ LEVEL ATTAINED	DATE ACHIEVED MM/YY

MEMBERSHIP OF PROFESSIONAL BODIES

NAME OF PROFESSIONAL BODY	LEVEL OF MEMBERSHIP	DATE ACHIEVED MM/YY

TRAINING:

EMPLOYMENT HISTORY

PRESENT EMPLOYER

FROM	TO	NAME AND ADDRESS OF EMPLOYER	POST HELD AND BRIEF OUTLINE OF DUTIES	PRESENT SALARY AND SCALE/GRADE AND REASONS FOR LEAVING

PREVIOUS EMPLOYERS – most recent first. Indicate any gaps in employment and indicate what you were doing in that time.

NAME AND ADDRESS OF EMPLOYER	POST HELD AND BRIEF OUTLINE OF DUTIES	SALARY AND SCALE/GRADE AND REASONS FOR LEAVING

Please tell us why you consider you are a suitable candidate for this appointment by referring to each of the Person Specification criteria:

A large empty rectangular box intended for the candidate to provide their response to the question above.

Please continue on additional pages if necessary

REHABILITATION OF OFFENDERS

Have you ever been convicted of; or are you currently charged with any criminal offence (other than a conviction spent under the provisions of the Rehabilitation of Offenders Act 1974)? (Please tick) Yes No

If Yes please give details below:

DATE OF CONVICTION	OFFENCE	SENTENCE

REFEREES – Two references are required including one from your recent employer.

FIRST REFERENCE	SECOND REFERENCE
NAME:	NAME:
ADDRESS:	ADDRESS:
TEL NO.:	TEL NO.:
EMAIL:	EMAIL:
HOW LONG HAVE THEY KNOWN YOU?	HOW LONG HAVE THEY KNOWN YOU?
IN WHAT CAPACITY?	IN WHAT CAPACITY?
CAN THE PERSON BE CONTACTED PRIOR TO INTERVIEW? (PLEASE TICK) YES <input type="checkbox"/> NO <input type="checkbox"/>	CAN THE PERSON BE CONTACTED PRIOR TO INTERVIEW? (PLEASE TICK) YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTICE TO BE GIVEN TO TERMINATE PRESENT EMPLOYMENT:

I CAN CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT THAT PROVIDING DELIBERATELY FALSE INFORMATION COULD RESULT IN MY DISMISSAL.

Signed..... Date.....

PLEASE RETURN THIS FORM TO: Email admin@newhaventowncouncil.gov.uk

Post Newhaven Town Council, 18 Fort Road
Newhaven, East Sussex, BN9 9QE