CONFIDENTIAL

Please return completed application form to:Braunstone Town Council
Civic Centre
Kingsway
Braunstone Town
LEICESTER

LE3 2PP

## BRAUNSTONE TOWN COUNCIL APPLICATION FOR EMPLOYMENT

POST DETAILS								
Post applied								
Where did yo	ou see this p	oost advertis	ed?					
DEDCONAL	DETAILS							
PERSONAL	DETAILS			Otho	n Nama			
Surname Title					r Names			
					Number (home)			
Address			-		Number (work) ile Number			
			-		il Address			
			-			full Driving	Licence	VEC (NO
			-		ou have a current		Licence?	YES / NO
Daat Oada					t Class of Vehicle			
Post Code		ON ACT 40	OC Droof		onal Insurance Nu		,	
					gal Right to Wor			. th      /
					ary evidence of app ly a 'specified docur			
					to live and work in t		oo, mino cai	u, on or life
Would you b					YES / NO			
	<u> </u>				11207110			
Details of two be taken up w	referees are here a candi	required, one date is to be i	of which sho	ould b erview	an vouch for you e from your present v. If you do not wish employment can be	t or last emplo n your referee	oyer. Referents to be contact	ces will only
Ref	ference 1 (v	work experi	ence)		Re	eference 2 (	character)	
Name					Name			
Title/Position	1				Title/Position			
Address					Address			
Post Code					Post Code			
Tel Number					Tel Number			
E-Mail					E-Mail			
Relationship	to Applican	t			Relationship to A	Applicant		
Can this referee be contacted prior to interview  Can this referee be contacted prior to interview			ed prior to	YES / NO				
AVAILABILITY								
Please indicate below any dates when you would not be available to attend for interview								
		,						
If offered this job, when could you start?								
Do you have any holiday commitments in the next 12 months?								
RELATIONS	HIP							
Do you have	any relatio	•			connection with a	ny	YES / NO	
Councillor/Employee of Braunstone Town Council?  If so, please give details								

Canvassing of members of Braunstone Town Council either directly or indirectly will disqualify an application.

EDUCATION, AND QUALIFICATIONS					
Please give details in date order					
Qualification Obtained	Grade / Level	Date (M/Y)	School / College / University		
		·			
	<u> </u>				
RELEVANT NON-OLIALI	FICATION COUR	SES ATTENDED			
RELEVANT NON-QUALIFICATION COURSES ATTENDED					

RELEVANT NON-QUALIFICATION COURSES ATTENDED				
Organising Body	Brief Details of Course	Duration		
		From	To	
		ļ		

MEMBERSHIP OF PROFESSIONAL BODIES/ASSOCIATIONS					
Organisation	Membership Level	Date Achieved			

EMPLOYMENT HISTORY - Please list current or more recent post first Please list all organisations for which you have worked and include details of gaps in employment					
Employer (including address	Post Title and	Salary			Reason for leaving
and Nature of Business)	Main Duties		From	То	
SUMMARY OF EXPERIEN	ICE AND SKILLS				
Please give details of any exp	perience and skills yo				
	and note what qualities you have which most suit you to the job you are applying for.  Please use the space below. You may use the additional sheet if necessary.				

COMPUTER / INFORMATION TECHNOLOGY			
Please give details of your IT Skills, listing experience of use of hardware, software, the Internet, etc.			

GENERAL	
Do you have any other employment (including part-time or night work) which you intend to continue? (if yes please give details)	YES / NO
Do you have any other commitments which may limit your working hours, eg, judicial, military or local government? (if yes please give details)	YES / NO
Have you ever been convicted of a criminal offence (NB The Rehabilitation of Offenders Act 1974)?	YES / NO
Some posts, including those that involve working with children or vulnerable adults, may be required to give details of any criminal convictions. If this post falls into this group you will be required to provide information on a questionnaire to be checked through the Criminal Records Bureau (CRB)	

## **DECLARATION**

I declare that the above information is correct and I consent to it being processed (see DPA below) for the purposes of recruitment. I also understand that misleading statements may be sufficient grounds for canceling any agreements made and that questions left unanswered may be discussed at interviews arising from this application. I accept that, on appointment I will complete a Pre-Employment Medical Form.

Signature	Date

## The Data Protection Act 1998 (DPA)

The information you provide on this application form will be processed only for the purposes of recruitment by persons necessarily involved in the recruitment procedure. We may contact relevant third parties in order to verify certain information given in your application (NB References are subject to your consent).

You have a right to have your application processed manually and to appeal against any negative outcome of automated processing. Upon completion of the recruitment procedure, information on you may be stored for a period of up to six months after which it will be destroyed.

OFFICE USE ONLY		
	Invited for interview	YES / NO

## **APPLICATION FORM - ADDITIONAL SHEET**

Continu	ed	
Post		Name
Summar	y of relevant experience	