



APPLICATION FORM

Please return the form to:

The Town Clerk, Great Torrington Town Council, Castle Hill, Great Torrington, Devon, EX388AA

DATA PROTECTION

I consent to the use and processing by Great Torrington Town Council of all information I have supplied or may in the future supply in connection with my application for employment, with the exception of the information supplied on the equal opportunities monitoring form. I agree that the information supplied on the equal opportunities monitoring form may be used and processed by Great Torrington Town Council for the purpose of monitoring in line with its equal opportunities policy.

I am aware that information will be held on the Council's Human Resources database and destroyed after 12 months if I am not successful in my application. I am aware that if I am the successful applicant my application details along with the equal opportunities monitoring form will be retained on my personnel file.

Post Applied For:

PERSONAL INFORMATION

Title **Surname** **Previous Surname**

First Name(s) **National Insurance No**

Address

Postcode

Telephone No **Mobile No**

Work No **Email**

Are you eligible to work in the UK? **Do you require a work permit?**

Are you related to any Great Torrington Town Council elected member or employee?

If yes, please give details:

REFERENCES: (Please note references will be contacted after an offer of employment has been made)

Name Name

Address Address

Telephone Telephone

Email Email

Capacity known Capacity known

ADDITIONAL INFORMATION

Where did you see this post advertised?

Rehabilitation of Offenders Act 1974

Do you have any unspent convictions?

Please declare any relevant details in relation to the above:

Please declare any work or activities which may result in a conflict of interest

DRIVING LICENCES HELD (If relevant to the post applied for)

Do you hold a current full driving licence valid in the UK?

If yes, please specify type (Motor car/HGV/LGV etc

Details of any endorsements

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PART 2**EDUCATION – Certificates will need to be verified at interview of all qualifications declared**

School/College/University	Qualification / Course	Grade/Level

OTHER TRAINING/SKILLS/COURSES

Course	Company	Grade/Level/Award

MEMBERSHIP OF PROFESSIONAL BODIES

Institute/Association	Grade of Membership	Membership Number	Date Awarded

OTHER SKILLS (Languages, Computer skills including IT packages used etc)

Skill	Level of competence

Please continue on separate sheet if necessary

PRESENT EMPLOYMENT

Employer

Address

Postcode

Job Title

Notice Period

Salary

Reason for leaving

Employed From

Employed To

Descriptions duties/responsibilities**PREVIOUS EMPLOYMENT (Starting with most recent)**

Employer

Address

Postcode

Job Title

Salary

Reason for leaving

Employed From

Employed To

Descriptions duties/responsibilities

PREVIOUS EMPLOYMENT

Employer

Address

Postcode

Job Title

Salary

Reason for leaving

Employed From

Employed To

Description duties/responsibilities

Employer

Address

Postcode

Job Title

Salary

Reason for leaving

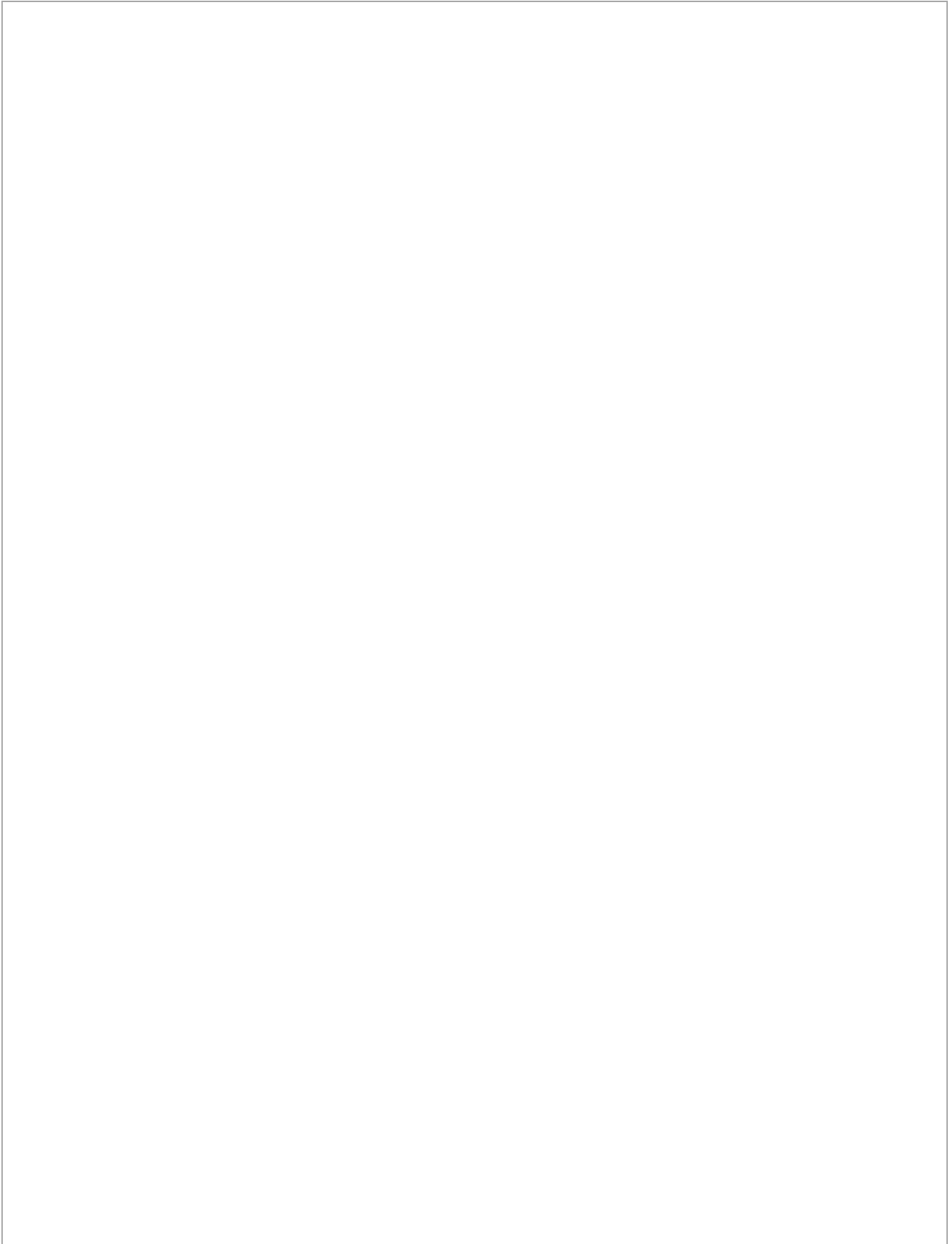
Employed From

Employed To

Description duties/responsibilities

Please continue on separate sheet if necessary

Supporting Statement



Please continue on separate sheet if necessary

You must sign and date this form OR tick the box if completed online

I certify that the information that I have stated on this application form is, to the best of my knowledge, true accurate and complete. I accept that these details will be checked at interview by providing documentary evidence (e.g. qualifications, nationality) and by obtaining references.

I acknowledge that any canvassing, directly or indirectly will disqualify my application. It is also understood that any false statements or the withholding of relevant information may result in the withdrawal of any offer of appointment or the termination of employment as appropriate.

Signed	<input type="text"/>	Online	<input type="checkbox"/>	Date	<input type="text"/>
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