

MALTBY TOWN COUNCIL



APPLICATION FOR EMPLOYMENT

Please complete this form in black ink, biro or type to facilitate photocopying.

Title of Post: Administrator

1. PERSONAL DETAILS

Surname/Family Name:	.....	Forename(s):	.....
Address:	.....	Home Tel No:	.....
	.....	Work Tel No:	.....
	.....	Mobile Tel No:	.....
Postcode:	.....	Email address:	.....

2. PRESENT/MOST RECENT EMPLOYMENT

Name of Employer:	.....	Post Held:	.....
Address:	.....	Start Date:	.....
	.....	End Date:	.....
	.....	Salary:	.....
Postcode:	.....	:	.....

Brief details of duties and responsibilities:

3. PREVIOUS EXPERIENCE/EMPLOYMENT (Most recent first)

Use additional sheets if necessary. (Please add your name to these.)

Name of employer, address and type of business	Job held and brief description of tasks and duties & Scale/Salary	Period employed		Part-time Full-time
		From (mm/yy)	To (mm/yy)	

4. EDUCATION, QUALIFICATIONS AND FURTHER TRAINING

School/College/University	Qualifications including grades	From (mm/yy)	To (mm/yy)

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School/College/University	Qualifications including grades	From (mm/yy)	To (mm/yy)

6. DETAILS OF TRAINING COURSES ATTENDED DURING LAST THREE YEARS

Training provider and type of course	Qualifications gained	From (mm/yy)	To (mm/yy)

7. PROFILE

Please refer to the job profile, job description and person specification and provide an account of your skills and experience in relation to the set criteria. Please continue on a separate sheet if necessary. Please put your name on any additional sheets..

(Please note this is your opportunity to tell Maltby Town Council why you would be the right person for this position.)

8. REFEREES

Please give the name and contact details of **2** people who have agreed to act as referees on your behalf; if possible, one should be your present or most recent employer. We will treat all references confidentially.

Reference 1

Title: _____
Name: _____
Address: _____

Post Code: _____
Telephone Number: _____
Email: _____
Relationship to you: _____

Please indicate whether a reference may be obtained prior to interview, if you are shortlisted. YES/NO

Reference 2

Title: _____
Name: _____
Address: _____

Post Code: _____
Telephone Number: _____
Email: _____
Relationship to you: _____

Please indicate whether a reference may be obtained prior to interview, if you are shortlisted. YES/NO

9. MEDICAL

Have you been ill for more than two consecutive weeks during the last year/years? YES/NO
Has your Doctor referred you to a Consultant during the last three years? YES/NO
Have you had inpatient hospital treatment during the last three years?
Are you aware of any medical condition which might affect your performance at work? YES/NO

If you have answered YES to any of the above questions, please supply brief details.

Signed _____ Date: _____

10. ANY OTHER INFORMATION YOU MAY WISH US TO KNOW

GENERAL DATA PROTECTION ACT 2018

I give my consent to the information on this form being used for statistical analysis by Maltby Town Council
Forms of unsuccessful candidates will be destroyed after six months.

RIGHT TO WORK

The successful candidate will be required to produce evidence of their right to work in this country, eg passpost, full birth certificate, Home Office Residence Permit, etc.

CRIMINAL CONVICTIONS

Rehabilitation of Offenders Act (Exemptions) Order 1975

This Act provides that certain criminal convictions become 'spent' after the passage of time, that is the law will treat them for most purposes as if they had never happened and it is not necessary to disclose them on Application Forms. However, this Act contains certain classes of employment where a person can be asked to disclose spent convictions. The post for which you are now applying falls within that order and you are, therefore, required to detail below previous convictions, cautions or bind-overs, whether or not they are spent.

Failure to disclose information concerning previous convictions, cautions or bind-overs may lead to dismissal or disciplinary action by the Council. Any information given will be treated in strictest confidence and will be considered only in relation to any application for posts to which the order applies.

Please give details of all offences of which you have ever been convicted. If you have none, you must write in the columns below 'no convictions, cautions or bind-overs'. Please do not just sign the form without completing this section.

Date	Details of convictions, etc	Penalty
Are there matters pending?	YES/NO	If Yes, please give details

DECLARATION

I confirm that the particulars provided above, and in any attachments, are correct and I have not withheld any facts that may unfavourably affect my applications. I accept that to withhold or falsify information could result in disciplinary action. I agree to a medical examination if necessary.

Signed

Date:

Please return this form by 12 noon, 6th September 2019 either by post or email, applications received after this will not be considered. (See covering letter for address details)