**Catterall Parish Council**

**Application Form**

**Clerk and RFO**

Please complete in black ink and print where possible

|  |  |
| --- | --- |
| ***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 🞏 No 🞏 |
| Are you legally eligible for employment in the UK? | Yes 🞏 No 🞏 |
| Do you hold a current clean driving licence? | Yes 🞏 No 🞏 |
| 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 🞏 No 🞏 |

***Current or Last Employment:***

|  |  |  |
| --- | --- | --- |
| Name/Address of Employer | Dated Started | Date Left (if appropriate) |
| Job Title | Salary | Type of Business |

Describe your duties and responsibilities and reason for leaving (if appropriate):

***Employment History***

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title | Employer | From | To | Main Duties | Reason for Leaving |
|  |  |  |  |  |  |

***Education and Qualifications (including Membership of Professional or Trade Bodies)***

|  |  |  |
| --- | --- | --- |
| Date From/To | Name of School, College or University | Qualifications Gained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Training***

Please list any relevant training courses attended below:

***Illness and/or Accidents***

Do you consider yourself to have any disabilities? Yes 🞏 No 🞏

If yes, please give details (this will enable the Council to make reasonable adjustments to help accommodate you):

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***Additional Information***

Please provide any additional 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 applicable.

***Referee 1 Referee 2***

|  |  |
| --- | --- |
| *Name* | *Name* |
| *Address* | *Address* |
| *Email address/Telephone* | *Email address/Telephone* |
| May we approach them now? Yes 🞏 No 🞏 | May we approach them now? Yes 🞏 No 🞏 |

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**

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| --- |
| ***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.***  |
| *Signature* | *Date* |