



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

CHIGWELL PARISH COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER

PLEASE COMPLETE THE FOLLOWING DETAILS
NAME
POST APPLIED FOR
Administrative Assistant

When completed, this form should be returned to:

Anthony-Louis Belgrave Clerk to the Council Hainault Road Chigwell Essex IG7 6QZ

1.	PERSONAL	DETAILS
⊥ •	LUNDUNAL	DEIALD

Full Name		
Preferred Title	(Mr, Mrs, Miss, Ms, Dr, etc)	Telephone Number
Address		Home
		Mobile
		Work
(Evidence of	TION AND QUALIF f your qualifications will be requate if courses were full time (F/T	ired, i.e. original certificates/diplomas, etc.)
School/Further E	ducation	
From	То	Examination Results
Academic/Profes	sional	
From	То	Examination Results
Membership of P	Professional Bodies	
Other Training C		
From	То	Details

3. EMPLOYMENT HISTORY

Name Date Appointed

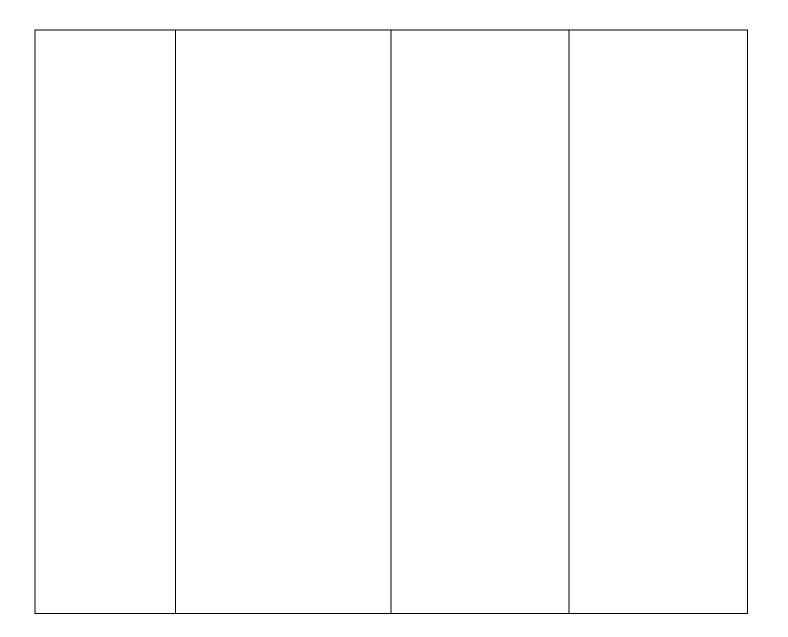
Address Notice required (or date left)
Salary

Reason for leaving or seeking other employment

Brief description of duties/responsibilities
(Please indicate to whom you report and who reports to you)

Previous employment (please show the most recent job first and account for any breaks in employment)

Dates		Name and Address of	Post Held	Reason for Leaving
From	To	Employer		



-3-

4. APPLICATION

Why do you think that your qualifications, training, skills, experience and personal qualities make you a suitable candidate for this post? What do you think that you can offer the Council?

(Continue on page 6 and/or an additional sheet if necessary)

5. HOBBIES AND LEISURE INTERESTS			
6. DRIVING LICENCE			
Do you hold a current driving licence?	YES/NO		
If YES, please specify the type of licence.			
Details of any current endorsements (points).			
7. VERIFICATION OF EMPLO	7. VERIFICATION OF EMPLOYMENT RECORD		
Please give the names and addresses of two people who c present or most recent employer. A personal reference i			
Name	Name		
Address	Address		
Do we have your consent to contact this employer for a reference?	Do we have your consent to contact this employer for a reference?		
YES/NO	YES/NO		
Please tick this box if you DO NOT wish the Council to approach your present employer unless, and until, a firm offer of employment has been made.			
8. RELATIVES and OTHER INT	TERESTS		
Canvassing of Councillors or Officers in relation			
Are you related to a Councillor or employee of the Council? YES/NO			
If YES, please give brief details			
If appointed, do you have any business and/or financial interest which might conflict with the duties of the post? YES/NO			
If YES, please give brief details			

l

9. REHABILITATION OF OFFENDERS ACT

Spent convictions do not have to be declared as the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Have you ever been convicted of a criminal offence?

YES/NO

If YES, please give details and date(s) of any unspent conviction(s)

-5-

ADDITIONAL INFORMATION (continued from Section 4)

Disabilities Do you require any special arrangements to be made for your interview on account of a disability?		
Yes / No		
If yes, please give brief details below of the effects of your disability on your day-to-day activities togethe with any other information that you feel would help us to accommodate your needs during your interview.		
This information is needed to allow us to meet our obligations under the Equality Act 2010.		
Data Protection		
The details of our processing activities in relation to your personal data within this form are contained withir our recruitment privacy notice that can be located [Insert – enclosed with application pack, link to website etc.]		
I hereby give my consent to [INSERT EMPLOYER'S NAME] processing the data supplied in this application form for the purpose of recruitment and selection of the role applied for in the 'job title' section of this application form.		
Applicant's signature:		
Date:		
Subject to your consent, we would like to retain your details if you are unsuccessful in your current		

10. DECLARATION		
I declare that the information given in this application is to	the best of my knowledge complete and correct.	
I understand and accept that any false, incomplete or misleading statements may lead to my dismissal.		
Signature	Date	