



Chigwell
PARISH COUNCIL

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**

To facilitate photocopying, please complete this form in BLACK INK

1. PERSONAL DETAILS

Full Name		
Preferred Title	(Mr, Mrs, Miss, Ms, Dr, etc)	Telephone Number
Address		Home
		Mobile
		Work

2. EDUCATION AND QUALIFICATIONS

(Evidence of your qualifications will be required, i.e. original certificates/diplomas, etc.)

Please indicate if courses were full time (F/T) or part time (P/T)

School/Further Education

From	To	Examination Results

Academic/Professional

From	To	Examination Results

Membership of Professional Bodies

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Other Training Courses Attended

From	To	Details

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3. EMPLOYMENT HISTORY

Present or most recent employer

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 Employer	Post Held	Reason for Leaving
From	To			

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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 EMPLOYMENT RECORD

Please give the names and addresses of two people who can verify your employment record. One should be your present or most recent employer. A personal reference is not required.

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 INTERESTS

Canvassing of Councillors or Officers in relation to this appointment will disqualify you.

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

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)

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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 together 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 within 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