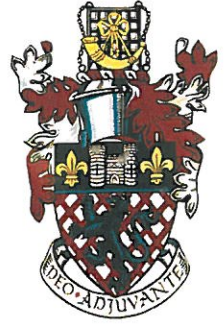


WELLINGTON TOWN COUNCIL



APPLICATION FORM

This is the first stage in our selection process and the decision to invite you to attend for interview will be based on the information you provide. Wellington Town Council is committed to equal opportunities in employment and seeks to ensure that no candidate is treated less favourably on the grounds of age, race, colour, ethnic origin, sex or sexual orientation, marital status or disability.

Please use type or black ink

<p>1. Application for the post of: (as advertised)</p>
--

Personal Details

Surname:	Forenames:
Preferred Title (Ms, Miss, Mrs, Mr, other):	Are you a car owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth:	Are you registered disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (including post code):	
Daytime tel. no:	Mobile:
Evening tel. no:	Email:
Current Salary:	Date available to commence:

Education and Qualifications (most recent, first):

Name of Secondary School/College/Professional Institute	Dates		Qualifications Obtained/Subjects/Grades
	From	To	

Training/Non-Qualification Courses (most recent, first) *expand as necessary within CV*

Course Title	Dates		Full-time/Part time Evening/Distance	Course Provider
	From	To		

Employment History (most recent, first):

Employers Name & Address	Dates		Full-time/Part time (for part-time posts please state hours)	Job Title – outline of duties held.
	From	To		

Please explain any gaps in employment/education

.....

Relevant experience:

ADDITIONAL INFORMATION

Number of days and instances of sickness absence in the last two years

.....

Comments (if any)

.....

National Insurance number.....

Are you related to any Member of Wellington Town Council? Yes No

If yes, please give name and relationship.....

REFERENCES

It is our policy to send for references of long-listed candidates prior to the selection event. **If you do not** want us to approach your referees at this stage, please place a cross in the relevant box below and indicate the reason for this in the space provided.

1. Current/Most Recent Employer Reference:

2. Second Reference:

Name:

Name:

Job Title:

Job Title:

Address (including post code):

Address (including post code):

Tel:

Tel :

Fax :

Fax:

Email:

Email:

1st Referee

2nd Referee

CRIMINAL CONVICTIONS

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in a dismissal or disciplinary action by the college. Any information given will be completely confidential and will be considered only in relation to any application for positions to which the Order applies. You are asked to note that a check is always carried out in police records for details of any criminal offence.

Have you been convicted of any criminal offence? Yes No

If yes, please give details.....

.....

DECLARATION

I hereby declare that to the best of my knowledge the information given in this application is correct. I understand that any false or misleading information given in this application may lead to my dismissal. I also understand that I must not, under any circumstances, attempt to influence any member of the governing body or staff concerning my application for employment.

I agree that the Council can approach my previous employers for a reference and to confirm the basis of any factual information provided.

I consent to the Council using my personal data for personnel, monitoring and management purposes.

Signed

Date

.....

DECLARATIONS

Are you related to a Councillor or employee of this Council? Yes No

If appointed, do you have any business/financial interests that may conflict with the duties of this job? Yes No

If yes, please give brief details.

I hereby declare that to the best of my knowledge the information given in this application is correct. I understand that any false or misleading information given in this application may lead to my dismissal. I also understand that I must not, under any circumstances, attempt to influence any member of the Town Council or its staff concerning my application for employment.

I confirm the basis of any factual information provided.

I consent to the Town Council using my personal data for personnel, monitoring and management purposes.

Signed

Date

.....

Please return the completed form to:-
Howard R Perkins
Town Clerk
Wellington Town Council
Civic Offices
Larkin Way
Tan Bank
Wellington
TELFORD TF1 1LX