

# Application Form

## Post:- Deputy Town Clerk

Date:- .....

### Personal Details

Title	Surname	First Name(s) (indicate (*) the one you are known by)

Home Address

Postcode

Telephone:

E-mail:

Mobile:

Do you need a work permit for permanent employment in the UK? YES  NO

If so do you have one? YES  NO

Do you hold a full UK driving licence? YES  NO

### Education

From Month/year	To	School / College	Subject	Result

**Employment**

<b>From</b>	<b>-</b>	<b>To</b>	<b>Employer</b>	<b>Job Title</b>	<b>Salary / Reason for leaving</b>
<b>Month/year</b>					

**Additional Information**

Further to reading the Job Description please add any further information that may assist your application

### Specific Skills

1. Specify your experience with any equipment / machinery (limited/working knowledge/extensive).
2. Indicate any other specific relevant skills.

### Rehabilitation of Offenders Act

Upon offer of employment we reserve the right to request a Disclosure and Barring Service Check (formerly CRB Check) at Standard level and this disclosure will include details of cautions, reprimands or final warnings as well as convictions.

Please provide details below of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974:

### Health Declaration

Please give details of any days lost to sickness or health matters of relevance to the work applied for – Please attach any health related information you would like to share with us and place in a sealed envelope. This information will not be used in the short listing process

I have attached an envelope                      Yes [    ]                      No [    ]

### Referees

Referee 1 (Current Employer)	Referee 2 (Previous Employer)
Name:	Name:
Position:	Position:
Address:	Address:
How is this person known to you?:	How is this person known to you?:
Telephone:	Telephone:
Email:	Email:
Can we contact referee prior to any interview?: Y    N	Can we contact referee prior to any interview?: Y    N

### Declaration

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn. I have attached the Equal Opportunities Monitoring Data.

Signed ..... Name (please print)..... Date.....

# OLNEY TOWN COUNCIL EQUAL OPPORTUNITIES MONITORING FORM

**Equal Opportunities Monitoring Data**

The following monitoring information is used to ensure that recruitment procedures do not lead to discrimination and that legal and other requirements are met. It is separated from your completed form, so you cannot be identified, and will play no part in the selection process.  
Please put this form in a sealed envelope marked 'Equal Opportunities Data' and attach this to your completed form.

**Date today?**

D	D	M	M	Y	Y	Y	Y								
M		F													
S		M		D		W									
D	D	M	M	Y	Y	Y	Y								

**Male/Female?**

**Single/Married/Divorced/Widowed?**

**Date of Birth**

**Ethnic Origin.**

Which of the following best describes your ethnic origin? Please tick one. The categories used are those recommended by the Commission for Racial Equality.

- |  |  |
|--|--|
| <input type="checkbox"/> Arabic<br><input type="checkbox"/> Black African<br><input type="checkbox"/> Black Caribbean<br><input type="checkbox"/> Black - other (please specify)<br><input type="checkbox"/> Chinese | <input type="checkbox"/> Indian<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> White<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other (please specify) |
|--|--|

**Disability Status**

Do you have a disability? (The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities.')

YES  NO

If yes, please specify