# APPLICATION FOR EMPLOYMENT

**POSITION APPLIED FOR**

How did you learn about this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOU**

Title Mr Mrs Ms Miss Doctor Other/please specify

Surname

Other names

Address

Telephone number

Email address

Driving licenses held

(Where relevant to position applied for)

**WORK HISTORY**

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| --- |
| **CURRENT/LAST EMPLOYER**  Employer  Position held  Reason for leaving, if applicable  Notice period, if applicable  Does your current or last contract contain any restrictions that prevent you from competing with or soliciting customers  from this employer (tick box) Yes No |
| **PREVIOUS EMPLOYER (1)**  Employer  Position held  Reason for leaving  **PREVIOUS EMPLOYER (2)**  Employer  Position held  Reason for leaving |

**EDUCATION AND TRAINING**

|  |  |  |
| --- | --- | --- |
| **UNIVERSITY/ COLLEGE** | **QUALIFICATION (S) OBTAINED** | **DATE** |
|  |  |  |
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**YOUR APPLICATION FOR THIS POSITION**

Give details of the experience, skills and personal qualities that will enable you to undertake the position applied for successfully

**OUTSIDE INTERESTS**

Please give brief details of your interests outside work

**REFERENCES**

|  |  |
| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
|  |  |

|  |
| --- |
| **How did you learn of this vacancy?**  **Are you to your knowledge related to or know any member or officer of the Town Council?**  **If so, please give details:** |

|  |
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| **RIGHT TO WORK IN UK** |
| Are you legally entitled to work in the UK? YES NO  *We will require evidence of this prior to commencing employment* |

**REHABILITATION OF OFFENDERS ACT 1974**

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| --- |
| Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not ‘spent’. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as ‘spent’. |

**INTERVIEW ARRANGEMENTS**

If you need any particular arrangements to be made in order for you to be interviewed for this position at our premises, please give details

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**I confirm that to the best of my knowledge and belief the information I have given on this form is true and correct.**

|  |  |
| --- | --- |
| **Signed** | **Dated** |

**Data Protection:** The information provided on this form will be used by us for the purposes of assessing your application and, if your application does not result in your being employed by us, will be retained only for so long as is necessary. If you are employed by us, the information will form part of your personnel file and may be processed for any purpose in connection with your employment.

Please email your completed form to:

[Towncouncil@princesrisboroughtowncouncil.gov.uk](mailto:Towncouncil@princesrisboroughtowncouncil.gov.uk)

or post your completed form to

Princes Risborough Town Council,

Wades Centre

Stratton Road

Princes Risborough,

Bucks.. HP27 9AX