

Catterall Parish Council Application Form Parish Lengthsman

Please complete in black ink and print where possible

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|-----------------|---|
| Surname: | First names and title: |
| Address: | Telephone: Mobile: Email: National Insurance Number: |

Personal Details:

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| Do you require a work permit to take up employment in the UK? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you legally eligible for employment in the UK? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you hold a current clean driving licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please give details of any driving offences currently under endorsement: | |
| Please give details of any unspent criminal convictions that you may have (in accordance with the Rehabilitation of Offenders Act 1974). | |
| If offered this position will you continue to work in any other capacity? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Current or Last Employment:

| | | |
|--------------------------|---------------|----------------------------|
| Name/Address of Employer | Dated Started | Date Left (if appropriate) |
| Job Title | Salary | Type of Business |

Describe your duties and responsibilities and reason for leaving (if appropriate):

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Employment History

Please list all employment starting with your present or last position. Please continue on a separate sheet if you need to.

| Job Title | Employer | From | To | Main Duties | Reason for Leaving |
|-----------|----------|------|----|-------------|--------------------|
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Education and Qualifications (including Membership of Professional or Trade Bodies)

| Date From/To | Name of School, College or University | Qualifications Gained |
|--------------|---------------------------------------|-----------------------|
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Training

Please list any relevant training courses attended below:

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Illness and/or Accidents

Do you consider yourself to have any disabilities?

Yes No

If yes, please give details (this will enable the Council to make reasonable adjustments to help accommodate you):

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Additional Information

Please provide any additional information you feel will support your application

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References

Please give the names and addresses of two referees. One should be your present or last employer if applicable.

| Referee 1 | Referee 2 |
|--|--|
| Name | Name |
| Address | Address |
| Email address/Telephone | Email address/Telephone |
| May we approach them now? Yes <input type="checkbox"/> No <input type="checkbox"/> | May we approach them now? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Are you related to any member or employee of this Council? Yes No

If yes, please give full details:

IMPORTANT NOTICE

Failure to answer all the questions on this application or failure to reveal information which might influence a decision on whether or not to employ you will automatically invalidate the application and the offer of employment, and where employment has commenced, to dismissal.

DECLARATION

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| <i>I, the undersigned, declare that the information given by me on this application and any other form (including at interview) to the best of my knowledge is correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would influence a decision to employ or not employ me.</i> | |
| Signature | Date |