



Post Applied for:

	Please complete a separate form for each vacancy you wish to apply for.
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Job Application Form

Closing Date:

Interview Date:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. CVs are not accepted. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone Nº:

National Insurance Nº:

Letters	Numbers							Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Nº:

Mobile Telephone Nº:

E-mail address:

Can we contact you at work?

Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes No

Driving Licence – if relevant to post applied for.
Do you hold a full, clean driving licence valid in the UK?

Yes No

Is your vehicle insured for business use?

Yes No

If successful you will be required to provide evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment – please start with the most recent employer first and account for any breaks in your employment record. Use an additional sheet if necessary.

Name of Employer:		Nature of business
Address:		
	Postcode	
Position Held:		
Summary of duties:		
Reason for leaving:		

Name of Employer:		Nature of business
Address:		
	Postcode	
Position Held:		
Summary of duties:		
Reason for leaving:		

Name of Employer:		Nature of business
Address:		
	Postcode	
Position Held:		
Summary of duties:		

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course
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Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to give any other information in support of your application, explaining how you meet the requirements of the person specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

A large, empty rectangular box with a thin black border, occupying most of the page. This area is intended for the user to provide a detailed response to the question above.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check. **(See Guidance Notes).**

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:



Section 10 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Please state where you saw this post advertised

Section 12 Declaration

A. Relatives/Other Interests

Are you related to or have a close personal relationship with an officer or a Member of Loughton Town Council?

Yes No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Council in the role for which you have applied?

Yes No

If yes, please detail on a separate sheet.

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description
- I agree to my sensitive data being used for the purpose of considering my job application.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Loughton Town Council must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

Loughton Town Council undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

RETURNING THIS FORM

By hand or post to:

**Loughton Town Council
1 Buckingham Court
Rectory Lane
Loughton
IG10 2QZ**

Please ensure you mark the envelope 'confidential' and use the correct postage.

Enquiries:

020 8508 4200