

#### CYNGOR TREF CONWY TOWN COUNCIL GUILDHALL, CONWY, LL32 8LD Tel: 01492 596254

E-mail: conwy.towncouncil@btinternet.com

## **Application Form**

#### Please complete in black ink and print where possible

Position applied for:	Closing date and source of application:
Surname:	First names and title:
Address:	Telephone:
	Email:

Personal Details:	
Do you require a work permit to take up employment in the UK?	Yes / No
Do you hold a current clean driving licence?	Yes / No

# Employment Record – Please list all employment in reverse chronological order, starting with your present or last position. Please continue on a separate sheet if you need to.

Employer Leaving  Leaving	Date From/To	Position Held/Duties	Name and address of	Reason for
			Employer	Leaving

### Education (since age 11)

D-4- E- /T	N	O1:64: C : 1
Date From/To	Name of School, College or University	Qualifications Gained
Please give your	reasons for applying for this position, say wh	hat experience you feel you have
which would en	able you to do it well. Please use a separate s	heet if necessary.

Please give details of any outside interests or other information which you feel will support your application. Include here memberships of professional bodies and service on voluntary organisations etc.				
References Please give the names and addresses of employer if possible.	two referees. One should be your presen	nt or last		
Referee 1	Referee 2			
Name				
	Name			
Address	Name Address			
Address	Address			
Address  May we approach them now?  Yes / No	Address  May we approach them now?	d.		

Please return your completed application form to: Mrs K Graham, Town Clerk & Responsible Financial Officer, Conwy Town Council, Guildhall, Rose Hill St, CONWY, LL32 8LD.