



Ilfracombe Town Council APPLICATION FORM

STRICTLY CONFIDENTIAL
A CV is acceptable only in addition to this completed form

| |
|------------------|
| Post applied for |
|------------------|

| | | |
|---------|-----------|---|
| Title | Forenames | Surname |
| Address | | Home Telephone |
| | | Mobile |
| | | Work Telephone (only if we may contact you there) |
| | | Email |

CURRENT/MOST RECENT EMPLOYER

| | | |
|----------------|----------------|-----------------------------|
| Post Held | | |
| Employer | | |
| Date Appointed | Present Salary | Reason for wishing to leave |

PREVIOUS EMPLOYMENT - listed with most recent first

| Dates, from - to | Employer | Post Held | Reason for leaving |
|------------------|----------|-----------|--------------------|
| | | | |

EDUCATION

| Name of School / College / University | Examinations Passed | Grade | Date Obtained |
|---------------------------------------|---------------------|-------|---------------|
| | | | |

PROFESSIONAL / TECHNICAL QUALIFICATIONS / MEMBERSHIPS

| Name of Body / Institute | Qualifications / Memberships | Grade | Date Obtained |
|--------------------------|------------------------------|-------|---------------|
| | | | |

Proof of qualifications/memberships will be required at interview and copies taken at time of appointment.

TRAINING

| Name of Organisation Providing Training | Course Attended | Date of Course |
|---|-----------------|----------------|
| | | |

ADDITIONAL INFORMATION

This is the most important part of your application. Please tell us what makes you think you are suitable for this job.

Your application will be judged against the person specification which lists the essential requirements and competencies for the post. Please address each point of the person specification giving details of your skills, experience and knowledge in these areas. Please be specific. The shortlisting panel needs to know how and why you consider yourself suitable for the job. Give details of duties carried out in your current and previous jobs and mention any relevant experience gained outside paid employment (e.g. you may have done voluntary work in the community or have experience of organising activities socially or running a home).

Please continue on a separate sheet if necessary

PERSONAL INFORMATION

| | | |
|---|------------------------------------|---------------------------|
| Do you hold a current and valid driving licence? Do you have use of a car? | YES / NO YES / NO | National Insurance Number |
|---|------------------------------------|---------------------------|

| |
|--|
| Are you related to a Councillor or employee of this Council? YES / NO If YES, please give details: <i>Canvassing Councillors or employees of this Council will disqualify your application.</i> |
|--|

| |
|---|
| If you are successful in this application for employment with the Council, would this be your only job ? If not (because of the Working Time Regulations), please give details of any secondary employment. |
|---|

| |
|---|
| Where did you see this post advertised? |
|---|

REFEREES

Please give names and addresses of two referees. One must be your current or most recent employer. The second can be anyone, including a previous employer.

| | |
|---------------------------------|------------|
| First Referee - Employer | Address: |
| Name: | |
| Organisation: | Post Code: |

| | |
|--------------------|--|
| Daytime telephone: | May we contact them without further reference to yourself? YES / NO |
|--------------------|--|

| | |
|-----------------------|------------|
| Second Referee | Address: |
| Name: | |
| Organisation: | Post Code: |

| | |
|--------------------|--|
| Daytime telephone: | May we contact them without further reference to yourself? YES / NO |
|--------------------|--|

| |
|--|
| In what capacity do you know the second referee? |
|--|

SIGNATURE

I certify that the statements contained in this application are to the best of my knowledge correct and that knowingly making a false statement may lead to dismissal.

| | |
|-------------|-----------|
| Signed..... | Date..... |
|-------------|-----------|

| | | |
|--|---|---|
| Please return this form to: Rachel Collins Acting Town Clerk & Centre Manager Ilfracombe Town Council The Ilfracombe Centre 44 High Street Ilfracombe EX34 9QB | Telephone 01271 855314 Email: theilfracombecentre@northdevon.gov.uk www.ilfracombetowncouncil.gov.uk | Please note that application forms received after the closing date will NOT be accepted. |
|--|---|---|