Swanscombe & Greenhithe Town Council The Council Offices The Grove Swanscombe Kent DA10 0GA Tel: 01322 385513 Fax: 01322 385849 www.swanscombeandgreenhithetowncouncil.gov.uk

## **Application Form**



POSITION APPLIED FOR:

### FACILITIES OPERATIVE.

In the interests of economy only short - listed candidates will be contacted.

### **Personal Details**

SURNAME:		
FIRST NAME(s):		
TITLE:	DATE OF BIRTH:	
ARE YOU ELIGIBLE TO WORK IN THE (If you are offered a position you will be requ		No  Qualifying document)
NATIONAL INSURANCE NUMBER		
HOME ADDRESS:		
20070025		
POSTCODE:		
DAYTIME TELEPHONE NUMBER:		
EVENING TELEPHONE NUMBER:		
MOBILE TELEPHONE NUMBER:		
E-MAIL ADDRESS:		
MAY WE CONTACT YOU AT WORK?	Yes 🗌	No 🗌
DO YOU HAVE A CURRENT DRIVING	LICENCE? Yes	No 🗌
DO YOU HAVE THE USE OF A CAR?	Yes 🗌	No 🗌

V:\VACANCIES\VACANCY (Staff)\Facilities Operative (Caretakre) - IPCC - 2017\Job Application Form - Facilities Operative - February 2020.doc

CURRENT OR MOST RECENT EMPLOYMENT					
JOB TITLE:	START DATE:				
SALARY & BENEFITS:	LEAVING DATE:				
REASON FOR LEAVING/WANTING TO LEAVE:	NOTICE PERIOD:				
EMPLOYER'S NAME & ADDRESS:					
DESCRIBE THE MAIN DUTIES AND RESPONSIBILI POSITION:	TIES IN YOUR PRESENT / MOST RECENT				
POSITION.					

# **Employment History**

PREVIOUS EMPLOYMENT (exclude current or most recent, please submit explanations for any gaps in employment history)				
1	EMPLOYER'S NAME & ADDRESS:	JOB TITLE;		
		START DATE:	LEAVING DATE:	
		REASON FOR LEAVING:		
BRI	EF DESCRIPTION OF MAIN DUTIES:			

2	EMPLOYER'S NAME & ADDRESS:	JOB TITLE:	
		START DATE:	LEAVING DATE:
		REASON FOR LEAVING:	
BRI	EF DESCRIPTION OF MAIN DUTIES:		

3	EMPLOYER'S NAME & ADDRESS:	JOB TITLE:	
		START DATE:	LEAVING DATE:
		REASON FOR LEAVING:	
BRI	EF DESCRIPTION OF MAIN DUTIES:		

# **General Experience**

### SUPPORTING STATEMENT

PLEASE OUTLINE YOUR EXPERIENCE, SUITABILITY AND INTEREST IN THIS POSITION:

Please address the requirements of the job description in your application, drawing on experience at work or in a voluntary capacity. Please continue on an additional sheet if necessary.

# **Education & Training**

EDUCATION (Secondary, Further / Higher)					
DATES (MTH / YR)		QUALIFICATIONS GAINED, INCLUDING SUBJECTS, GRADES OR RESULTS EXPECTED			
		DATES (MTH / YR)			

#### TRAINING

DETAILS OF ANY PROFESSIONAL QUALIFICATIONS AND/OR MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:

THE COUNCIL WILL REQUEST EVIDENCE OF QUALIFICATIONS REQUIRED FOR THIS POST BEFORE CONFIRMING AN APPOINTMENT.

#### SICKNESS RECORD

NUMBER OF DAYS ABSENT FROM WORK DUE TO SICKNESS IN THE LAST THREE YEARS:

NUMBER OF OCCASIONS ABSENT FROM WORK DUE TO SICKNESS IN THE LAST THREE YEARS:

EQUAL OPPORTUNITIES INFORMATION								
1 YOUR SEX IS	MALE		FEMAL					
2 YOUR AGE GROUP IS	16-30		31-45		46-60		61+	
3 DO YOU CONSIDER YO	URSELF D	ISABLED? YES						
(Please note that you m reasonable adjustment t				re invited for an	interview, e	e.g. whethe	er or not you requ	iire any
4 ETHNIC ORIGIN (please	tick only C	ONE of the boxes b	oelow)					
WHITE		BRITISH 🗌 OTHER 🔲		IRISH				
MIXED WHITE	& BLACK	CARIBBEAN		WHITE & ASI	AN 🗌			
WH	TE & BLAC	CK AFRICAN		OTHER				
ASIAN OR ASIAN BRITIS	4		P	AKISTANI				
	BAN	GLADESHI 🗌	OTH	IER ASIAN 🗌				
BLACK OR BLACK BRITI	SH BLA	CK AFRICAN	BLACK	CARIBBEAN				
	ОТ	HER BLACK						
CHINESE/ OTHER ETHNIC GROUP CHINESE OTHER ETHNIC GROUP								
5 HOW DID YOU LEARN ABOUT THIS VACANCY? (please state papers/publications/internet)								

### Supplementary Information

#### **REHABILITATION OF OFFENDERS ACT**

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE A CRIMINAL CONVICTION WHICH IS NOT CONSIDERED AS 'SPENT' UNDER THE REHABILITATION OF OFFENDERS ACT.

Disclosure of a conviction does not automatically debar applicants from consideration. The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.

NATURE OF OFFENCE(s)

DATE SENTENCE PASSED

SENTENCE(S) OR ORDER(S) GIVEN BY THE COURT

NAME & ADDRESS OF COURT

# **General Information and Declaration**

#### DECLARATION

- I certify that the information provided is correct and agree that it should form part of the basis of my engagement. I authorise Swanscombe and Greenhithe Town Council to check the information I have supplied. I understand that falsification of qualification or information may lead to withdrawal of any offer of employment and/or dismissal without notice.
- I am aware that the Council will create and maintain computer and paper records on me and that these records will be processed in accordance with the Data Protection Act 1998 and may be used internally by the Council.

I have read and accept this declaration:

(please tick to accept)

• I hereby declare\* that to the best of my knowledge, I am not related to any Swanscombe & Greenhithe Town Councillor or Senior Officer of the Council.

If you are unable to make the declaration, do not tick the box but state in the space below any relationship of the nature referred to.

REFERENCES						
	PLEASE GIVE DETAILS OF TWO REFEREES YOU HAVE WORKED FOR, ONE OF WHICH MUST BE YOUR CURRENT/MOST RECENT EMPLOYER, AND COVERING AT LEAST YOUR LAST SIX YEARS EMPLOYMENT HISTORY (continue on a separate sheet if necessary					
1	NAME OF ORGANISATION	2	NAME OF ORGANISATION			
	NAME OF REFEREE		NAME OF REFEREE			
	JOB TITLE		JOB TITLE			
	ADDRESS & POSTCODE		ADDRESS & POSTCODE			
	TELEPHONE		TELEPHONE			
	E-MAIL		E-MAIL			

### CV'S ALONE WILL NOT BE ACCEPTED.

IN THE INTERESTS OF ECONOMY ONLY SHORT - LISTED CANDIDATES WILL BE CONTACTED.