



APPLICATION FORM

POSITION APPLIED FOR:

ADMIN ASSISTANT P/T

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 UK?

Yes

No

(If you are offered a position, you will be required to produce an appropriate qualifying document)

NATIONAL INSURANCE NUMBER

HOME ADDRESS:

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

Employment History

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 RESPONSIBILITIES IN YOUR PRESENT / MOST RECENT POSITION:

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:	

BRIEF DESCRIPTION OF MAIN DUTIES:

2	EMPLOYER'S NAME & ADDRESS:	JOB TITLE:	
		START DATE:	LEAVING DATE:
		REASON FOR LEAVING:	

BRIEF DESCRIPTION OF MAIN DUTIES:

3	EMPLOYER'S NAME & ADDRESS:	JOB TITLE:	
		START DATE:	LEAVING DATE:
		REASON FOR LEAVING:	

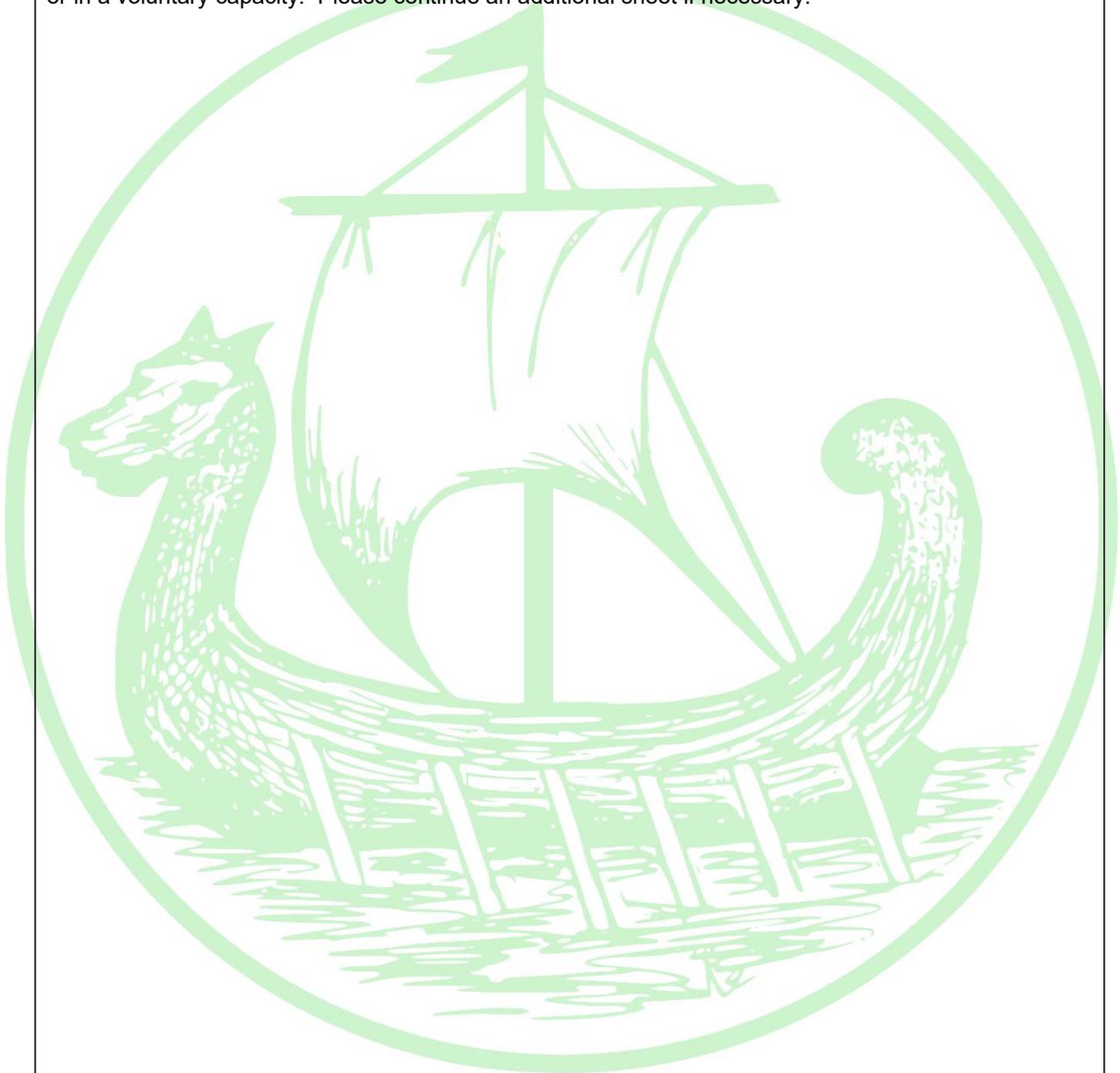
BRIEF DESCRIPTION OF MAIN DUTIES:

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 an additional sheet if necessary.



Education & Training

EDUCATION (Secondary, Further / Higher)

SCHOOLS, COLLEGES, UNIVERSITIES OR INSTITUTES OF FURTHER EDUCATION ATTENDED	DATES (MTH / YR)		QUALIFICATIONS GAINED, INCLUDING SUBJECTS, GRADES OR RESULTS EXPECTED
	FROM	To	

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:

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.



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