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:

PARK WARDEN.

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 ☐	

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:	

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:	
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 on an additional sheet if necessary.

Education & Training

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

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 ☐ FEMALE ☐

2 YOUR AGE GROUP IS 16-30 ☐ 31-45 ☐ 46-60 ☐ 61+ ☐

3 DO YOU CONSIDER YOURSELF DISABLED? YES ☐ NO ☐

(Please note that you may be asked further questions if you are invited for an interview, e.g. whether or not you require any reasonable adjustment to this role because of a disability).

4 ETHNIC ORIGIN (please tick only ONE of the boxes below)

WHITE	BRITISH ☐	IRISH ☐
	OTHER ☐	
MIXED	WHITE & BLACK CARIBBEAN ☐	WHITE & ASIAN ☐
	WHITE & BLACK AFRICAN ☐	OTHER ☐
ASIAN OR ASIAN BRITISH	INDIAN ☐	PAKISTANI ☐
	BANGLADESHI ☐	OTHER ASIAN ☐
BLACK OR BLACK BRITISH	BLACK AFRICAN ☐	BLACK CARIBBEAN ☐
	OTHER 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.