APPLICATION FORM

KINGSBROOK PARISH	APPOINTMENT OF
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	CLERK/RESPONSIBLE FINANCIAL
	SEERICITES! SINGIBLE! INVAINGIAL
	OFFICER
	OFFICER

Kingsbrook Parish Council is an equal opportunities employer and your application will be judged solely on merit. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consent under the Data Protection Act at the end of the form to provide the best chance of obtaining an interview. **Please complete the form in full.**

* * * * * *

First Name:	
Surname:	
Preferred Title:	
Address:	
Post Code:	
Home Tel. No:	Work Tel. No:
Mobile No:	
Email Address:	
OUTSIDE INTERESTS AND NON VOC	ATIONAL EVERDIENCE
OUTSIDE INTERESTS AND NON-VOC	ATIONAL EXPERIENCE
Please give details of any outside interests of support your application.	or non-vocational experience which you feel will

REHABILITATION OF OFFENDERS ACT 1974

Please give details of any "unspent" convictions as defined by the Rehabilitation of Offenders Act 1974. Unless the nature of the position allows the Council to ask questions about your entire criminal record we will only ask about "unspent" convictions. A criminal record will not necessarily be a bar to obtaining employment with the Council.

SECONDA DV/FUDTUED/UICUE	י בטוו	C V .	TIONI ANI		CATIONS
SECONDARY/FURTHER/HIGHER	ל בטט	<u>CA</u>	IION AN	D QUALIFI	CATIONS
Please give details of your education a pursued.	and qua	alific	ations obt	ained plus th	nose currently being
		Da	tes		
School, College and/or University	Fro	m	То		ects studied and
				qualif	ications obtained
Diagon pata that you will be asked to r	oroduo	. ovi	idonoo of v	our qualified	ations
Please note that you will be asked to p	Jioduce	e evi	iderice or y	our quaimea	ations.
PROFESSIONAL INSTITUTE ME	MBER	SHI	P		
Please give details of any relevant member.	profes	sion	al or tech	nnical bodie	s of which you are a
member.					
		Level of			
Name of Institute/Professional Boo	dy			Year of Award	

TRAINING COURSES

Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed.

Provider	Date
	Provider

CURRENT OR MOST RECENT EMPLOYMENTS	
Employer:	
Address:	
Post Code:	
Job Title:	
Current or Final Salary:	
Date Commenced:	
Leave Date or Notice Period Required:	
Hours of work (if current and to be continued):	
Please provide a brief description of the main duties and responsibilities of you most recent job. (Please attach a copy of the job description if you wish.)	our current or

Why do you/did you wish to leave your current/most recent job (if applicable)?
Employer:
Address:
Post Code:
Job Title:
Current or Final Salary:
Date Commenced:
Leave Date or Notice Period Required:
Hours of work (if current and to be continued):
Please provide a brief description of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.)

Why do you/did you wish to leave your current/most recent job (if applicable)?

EMPLOYMENT HISTORY				
Please list your previous emp necessary and please give re-				parate sheet if
Name and Address of Employer	Employme From	Employment Period Job Title and main responsibilities		Reason for Leaving
RELEVANT EXPERIENCE	, SKILLS A	ND KNO	WLEDGE	
Please state below your reaknowledge you have which some Specification and ensure you included information about a employment or education as separate sheet if necessary a	would enable cover all of ny period no nd training a	e you to of the criter of account and if app	lo it well. Please refer to ia set out for this job role. ed for in the section abovoropriate voluntary work. I	the Personal This should e by full time

PREVENTION OF ILLEGAL WORKING
Do you require permission or a work permit to take up employment in the UK?
Yes No
The Council has legal obligations to ensure that you can work legally in the UK. Prior to taking up any employment you will be required to provide evidence of a passport and/or other relevant documents on the approved list to satisfy the Council that you comply with this requirement.
Are there any restrictions on your residing in the UK? Yes \Box No \Box
DRIVING LICENCE
Do you hold a current driving licence? Yes □ No □
If "yes" please state type of licence you hold:
Are you a car owner or do you have access to a car? Yes □ No □
Do you have any current endorsements? Yes □ No □
If "Yes", please specify:

REFERENCES

Please give details of two persons who we could contact and would be willing to supply a reference for you. We would prefer your referees to be your most recent employers including your current employer, if applicable.

Name:	Name:			
Position:	Position:			
Address:	Address:			
Post Code:				
E-mail address:	Post Code:			
Tel. No.:	E-mail address:			
	Tel. No.:			
References will be obtained and their auther appointment.	enticity checked if you are to be offered the			
RELATIONSHIPS				
Are you, to your knowledge, related to or have Member or employee of the Council?	any relationship with an Elected or Co-opted Yes □ No □			
If "yes", please give details.				
DECLARATION AND DATA PROTECTIO	N ACT CONSENT			
I declare that all the foregoing details given in this application are true to the best of my knowledge and understand that verification checks may be made. I also understand that if the information I have given is found to be untrue or misleading this will be sufficient grounds fo disqualification from appointment or dismissal from any employment gained.				
I understand that the information given in this form will be processed only by the Council for the purpose of considering my application for employment and if I am successful in mapplication this form and the information in it will be retained in my personnel file for such time as I am an employee and for up to six years after the end of my employment. Otherwise the form will only be retained by the Council for so long as it is required in connection with the application.				
Signed	Date			

NOTIFICATION OF VACANCY
How did you find out about this vacancy? Advertisement □ Word of mouth □ Other □
If 'advertisement' in which publication or if 'other' please explain.
ACKNOWLEDGEMENT AND RETURN OF COMPLETED FORM
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When completed, please return the application form by Friday 11 th September 2020 to:-
info@kingsbrookpc.co.uk
Please mark the email "Parish Clark - Confidential"
INTERVIEW ARRANGEMENTS
It is our intention that if you are selected for interview you will be notified before the end of September. Interviews will be held during September.
Please confirm that you will be available at this time if selected for interview. Yes $\ \square$ No $\ \square$