

PRESENT EMPLOYMENT (Please give details of present or most recent employment):

EMPLOYER'S NAME :			
ADDRESS :			
POST CODE:			
JOB TITLE :		START DATE :	
CURRENT SALARY :		NOTICE REQUIRED :	
CURRENT DUTIES :			
REASON FOR LEAVING ? :			

PREVIOUS EMPLOYMENT (Please give details of relevant employment):

Dates From To		Name & Address of Employer	Position held / Summary of duties	Reason For Leaving
mm/yy	mm/yy			

Please continue on a separate sheet if necessary

FURTHER INFORMATION. Please give below any further information which may support your application (e.g. previous experience, anything you have achieved in or out of work, what influenced you to apply for this job, career plans etc). **You are advised to use the Job Description as an indicator of the skills, experience & attributes that are required.**

Please continue on a separate sheet if necessary

MEDICAL HISTORY (Please give details including duration of any periods of illness over the last two years).

How many **periods** of absence have you had through ill-health in the last two years of employment?

In this period, how many days in total have you been absent from work through ill-health?

Please circle 0-3 days 4-10 days 11-20 days 21-29 days 30+days

Please give brief details.....

Have you had any serious illness in the last five years?

REFERENCES (Please give details of two referees whom we may ask about your suitability for this employment. One of these should be your present or most recent employer. Young people not previously employed should give one school and one personal referee).

(i) NAME :	(ii) NAME :
JOB TITLE :	JOB TITLE :
ADDRESS :	ADDRESS :
TEL NO :	TEL NO :
FAX NO :	FAX NO :
E-mail :	E-mail :

May referees be contacted without further authority from you? (i) Yes / No (ii) Yes / No

We will not confirm an offer of appointment until we have received a satisfactory reference from your present or most recent employer (or school if you are a school leaver)

ADDITIONAL DETAILS

Please give the name of any Councillor/ Senior Member of Staff to whom you are related (Canvassing of Councillors will disqualify your application):

Are you entitled to work in the United Kingdom? YES / NO

Do you have a current driving licence? YES / NO

Do you have the use of a car? YES / NO

Please give details of any endorsements : _____

REHABILITATION OF OFFENDERS ACT 1974

Have you ever received a caution or been convicted by a court of a criminal offence? YES / NO

If YES please give full details. You should NOT include convictions which are considered to be spent under the Rehabilitation of Offenders Act 1974.

Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. If you are appointed, failing to disclose an unspent criminal conviction may lead to your dismissal.

DISABILITY

Under the Disability Discrimination Act "disability" is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Please confirm whether you consider yourself to be disabled or to have any medical conditions:

YES / NO

If yes to the above please give details.

The Council undertakes to interview disabled people who meet the essential requirements of the vacancy.

Declaration and Consent

Information supplied on this form will be used to monitor the effectiveness of our practices and procedures, in particular our Equal Opportunities Policy. The monitoring is for statistical purposes only, and your personal details will not be identifiable from this process. Canvey Island Town Council will not retain application forms for *unsuccessful applicants* after twelve months from the date of appointment to the post. These will be destroyed confidentially.

I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. Furthermore, I understand that if I have provided false or misleading information in response to any questions on this form or have failed to disclose information, this will result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment. I also hereby give my explicit consent to the processing of data contained or referred to on this form, in accordance with the Data Protection Act 1998 and any subsequent legislation

Signature of applicant: _____ **Date:**

Return Address:

Mrs E. De Can
Town Clerk
Canvey Island Town Council
11 High Street
Canvey Island
Essex
SS8 7RB

Closing date for receipt of application: **5pm – Thursday 24th January 2019**

If you would like us to acknowledge receipt of your application please enclose a S.A.E. If you have not heard within 21 days of the closing date, assume that your application has been unsuccessful