



SEATON TOWN COUNCIL APPLICATION FOR EMPLOYMENT

Completed Application Forms must be returned by: 25th May 2019
By post to : The Acting Clerk, Seaton Town Council, Marshlands, Seaton,
Devon EX12 2LT, please mark envelope "Confidential"
Email: townclerk@seaton.gov.uk

CONFIDENTIAL

Application for the post of: **Town Clerk and Responsible Financial Officer**

Personal Details

Surname:		Forename:	
Preferred Name:		Preferred Title:	
Address:	Email:		
Daytime Phone No.:	May we contact you on this number during the application process? Yes / No		
Evening Phone No.:		National Insurance No.:	
Do you need a work permit for permanent employment in the UK?	Yes / No	Do you have a full clean driving licence	Yes / No

Relatives / Other interests

Are you, to your knowledge, related to, or do you have a close personal relationship with any Member or Officer of Seaton Town Council?

Yes / No

If yes, please state the name of the person and the capacity in which you are known to them.

If appointed, do you have any business and/or financial interests which might conflict with the duties of the post?

Yes / No

If yes, please give brief details

Employment History

Please provide details of your work experience including previous posts with your present employer, unpaid voluntary or casual work. If you have undertaken periods of other responsibilities raising family or caring please include these as well.

Present (or most recent) Employment

Name and Address of Employer:			
Position Held		Is this your current job?	Yes / No
Start Date		Leaving Date (if applicable):	
Notice Required		Basic Salary / Wage	
Reason for Leaving			
Key responsibilities and / or achievements:			
1.			
2.			
3.			
4.			

All Previous Employment

Name and Full Address of Employer	Start date, leaving date, position held and main responsibilities – giving salary	Reason for Leaving

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Please continue on a separate sheet if necessary

Please give details relating to <u>any gaps</u> in your employment history

Education

Please provide brief details of your education. Please enter most recent first

Name of Educational Establishment (School, College, University etc)	Qualifications obtained with dates, subjects and grades

Please continue on a separate sheet if necessary

Training

Please provide details of all training and development undertaken relevant to this post

Training Course and Organiser/ Development Activity	Date and Outcome (Grade Achieved where relevant)

Please continue on a separate sheet if necessary

Membership of Professional Bodies

Body	Membership Type

Personal Statement

The information provided in this section will be used to decide if you will be invited to the next stage of the selection process. It is essential therefore that you cover the requirements listed in the person specification for the job.

Please continue on a separate sheet if needed.

References

Please give the name and address of two people who can provide an assessment of your suitability for this post. One of these should be your present/most recent employer. Please indicate by marking clearly with an asterisk (*) if you do not want us to contact them prior to a conditional offer being made.

Name	Address
Email Address if available	
Position Held _____	Day Contact Number _____

Name	Address
Email Address if available	
Position Held _____	Day Contact Number _____

Declaration

I declare that that the information in this form and the accompanying application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I consent that under the Data Protection Act 1998 the information contained in this form and my application form may be processed by Seaton Town Council, who will ensure the information will be stored on a computer fairly and lawfully and will not be disclosed to any person/s for any other purposes.

I give my permission for Seaton Town Council to process and retain information about me contained in this form in accordance with the Data Protection Act 1998.

Signed..... Date: