

## APPLICATION FORM

**CONINGSBY TOWN  
COUNCIL**

**APPOINTMENT OF  
OFFICE Assistant**

**Coningsby Town Council** is an equal opportunities employer, and your application will be judged solely on merit and irrespective of ethnic origin, race, colour, gender, disability, age, trade union activity, marital status, religion, belief or sexual orientation or any other protected characteristic. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consents at the end of the form to provide the best chance of obtaining an interview. If you require any assistance, please contact **Clerk Kathy Roberts** [clerk@coningsbytowncouncil.gov.uk](mailto:clerk@coningsbytowncouncil.gov.uk). **Please complete the form in full in black ink or type and use only A4 size paper for any continuation sheets.**

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### PERSONAL DETAILS

Family Name:

Forename(s):

Preferred Title:

Address:

Post Code:

Home Tel. No:

Mobile No:

Email Address:

### OUTSIDE INTERESTS AND NON-VOCATIONAL EXPERIENCE

Please give details of any outside interests or non-vocational experience which you feel may be relevant and will support your application.

### 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.

## EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained plus those currently being pursued.

Secondary School, College and/or University	Dates		Subjects studied and/or qualifications/grades obtained
	From	To	

Please note that you may be asked to produce evidence of your qualifications.

## PROFESSIONAL AND TECHNICAL BODIES MEMBERSHIP

Please give details of any relevant professional or technical bodies of which you are a member by examination or subscription and any CPD you have undertaken.

Name of Institute/Professional Body	Level of Membership	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.

Course Title and Duration	Provider	Date

**PRESENT OR MOST RECENT EMPLOYMENT**

Employer:

Address:

Post Code:

Job Title:

Current or Final Salary:

Date Commenced:

Leave Date or Notice Period Required:

Please provide a list 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?

**EMPLOYMENT HISTORY**

Please list all your previous employment history in chronological order using a separate sheet if necessary and please give reasons for any gaps in your employment history.

Name and Address of Employer	Employment Period		Job Title and Salary	Reason for Leaving
	From	To		

**RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION**

The information you provide in this section is very important in assessing your application. Please give details of your knowledge, qualifications, experience, skills and ability to cope with the demands of the post, relating them to the requirements of the job as laid out in the Person Specification and Job Description within the Recruitment Handout. Please continue on additional A4 sheets if necessary.

**PREVENTION OF ILLEGAL WORKING**

Are you eligible to work in the UK? Yes  No

Do you require 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  No

**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 a car at your disposal? 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:	Post Code:
E-mail address:	E-mail address:
Tel. No.:	Tel. No.:
Capacity known to you:	Capacity known to you:

Have you any objection to the references being obtained prior to interview. Yes  No

References will be obtained and their authenticity checked if you are offered the appointment.

**RELATIONSHIPS**

Are you, to your knowledge, related to or have any relationship with an Elected or Co-opted Member or employee of the Council?                      Yes       No

If "yes", please give details.

**DISABILITY DISCRIMINATION ACT 1995**

Do you have a disability you wish us to know about at this stage? Yes       No

If yes, to assist us in making the interview arrangements please note below if you believe there are any reasonable adjustments we should be making.

**DECLARATION AND DATA PROTECTION 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 for disqualification from appointment or dismissal from any employment gained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**DATA PROTECTION CONSENT**

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 my application 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 this form will only be retained by the Council for so long as it is required in connection with the application.

Under the Data Protection Act and GDPR you have specific rights including giving consent for the collection and processing of your personal data. Please see Council's Data Privacy Statement and Policy on our website for further information. Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection and appointment.

- I give my consent.
- I wish to find out more information or to check what personal data is being collected and processed before giving my consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## NOTIFICATION OF VACANCY

How did you find out about this vacancy? Advertisement  Word of mouth  Council website   
Council Notice Board  Other

If 'advertisement' in which publication or if 'other' please explain below.

## ACKNOWLEDGEMENT AND RETURN OF COMPLETED FORM

When completed, please return the application form by **Post or by hand** to:-

**Coningsby Town Council**  
**Town Office**  
**Silver Street**  
**Coningsby LN4 4SG**

Please mark the envelope or email "**Confidential – Application for the post of Office Assistant** If you would like an acknowledgement of receipt, please enclose a stamped addressed envelope if submitting this application form by post.

## INTERVIEW ARRANGEMENTS

It is our intention that if you are selected for interview, you will be notified during the week ending **9<sup>th</sup> December** and interviews will be held before the 20<sup>th</sup> December.

**PLEASE NOTE POLICE VETTING IS REQUIRED FOR ANY COUNCIL EMPLOYEES WORKING IN THE COUNCIL OFFICE.**