



Saltash Town Council

Konsel An Dre Essa



SECTION A

JOB APPLICATION FORM

If you need assistance or support in completing this form, please contact us.

Section A will be separated from **Section B** before shortlisting and is not seen by anyone involved in the selection process. The shortlisting panel will make their decisions based on Section B without access to personal information. Please complete in black ink.

Job Title:

PERSONAL DETAILS

Surname (BLOCK LETTERS) (Mr / Mrs / Miss Ms / Other)		First Names	
Previous surname (if applicable)			
Address:		Contacts	
		Home Telephone No:	
		Mobile:	
		E-mail:	
Postcode:		Business number if we can contact you at work:	
National Insurance No.:			

REFERENCES

Please provide the names and addresses of two professional references – one from your present employer and the other from your previous employer - who can comment on your suitability for this role.

Name		Name	
Position		Position	
Relationship to applicant		Relationship to applicant	
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Tel No:	
E-mail:		E-mail:	

If you are shortlisted, are you happy for references to be requested at this stage?

Saltash Town Council values and develops a diverse workforce and treats all employees and applicants for employment fairly.

ADDITIONAL INFORMATION REQUIRED

Are you related to any Councillor or Employee of the Council? Yes ☐ No ☐
If yes, please provide their name and position.

Have you worked for the Council or any other local authority via a Temporary Employment Agency within the last six months? If so, give details. Yes ☐ No ☐

Have you ever been dismissed from any previous employment? Yes ☐ No ☐

If yes, please indicate which employment and specify the reasons for your dismissal.

Have you received a redundancy payment or a pension from previous local authority employment? Yes ☐ No ☐

If so, please state employer's name and month / year the payment or pension was received.

Do you require any special arrangements if you are called for an interview and/or an assessment centre? (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape, etc)

PLEASE NOTE THE FOLLOWING:

Canvassing of Members of the Council directly or indirectly for any appointment under the Council will disqualify the candidate concerned for that appointment. A candidate who fails to disclose any relationship with a Member or employee of the Council will be disqualified for the appointment and if appointed, will be liable to dismissal without notice.

In accordance with General Data Protection Regulations all information given on this application form will only be used to determine an applicant's suitability for the job and will be kept only for those purposes and equal opportunities monitoring. Please refer to our Privacy Notice.

Application forms for interviewed candidates will be retained for a period of six months before being destroyed. Please select an option below:

☐ I agree to my application being retained for six months

☐ Please do not retain my application form if I am unsuccessful

