**DAWLISH TOWN COUNCIL**

Applicant No.

(Office use only)

**APPLICATION FOR EMPLOYMENT**

**Completed Application Forms must be returned by:**

**noon on Friday, 6 January 2023**

**To:**

**Town Clerk**

**Dawlish Town Council**

**The Manor House**

**Old Town Street**

**DAWLISH**

**EX7 9AP**

**Email: townclerk@dawlish.gov.uk**

**CONFIDENTIAL**

**Please complete in black ink or type**

**Application for the post of: WATERFOWL AND MAINTENANCE WARDEN**

**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? |  |
| Duration of Employment |  | | Leaving Date (if applicable): |  |
| Notice Required |  | | Basic Salary / Wage |  |
| Other Allowances |  | | Reason for Leaving |  |
| Key responsibilities and / or achievements: | | | | |
|  | | | | |

|  |
| --- |
| **All Previous Employment** |

|  |  |  |
| --- | --- | --- |
| Name and Full Address of Employer | Duration of employment, position held and main responsibilities – giving salary | Reason for Leaving |
|  |  |  |
| *Please continue on a separate sheet if necessary* | | |
| **Please give details relating to any gaps 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 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 | Outcome – Grade Achieved where relevant |
|  |  |

*Please continue on a separate sheet if necessary*

**Membership of Professional Bodies**

|  |  |
| --- | --- |
| Body | Membership Type |
|  |  |

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

**Knowledge and Skills**

for the job.

|  |
| --- |
|  |
|  |
|  |

Please continue on a separate sheet if necessary.

**References**

Please give the name and address of two people who can provide an assessment of your suitability for this post. One should be your present/most recent employer. If you have not been in paid employment since leaving full-time education, please give the name of your tutor or lecturer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Address: | | |
| Email Address if available | |  | | |
|  |  |  | |  |
| Position Held |  | | Day Contact Number |  |
|  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Address: | | |
| Email Address if available | |  | | |
|  |  |  | |  |
| Position Held |  | | Day Contact Number |  |
|  |  | |  |  |

**APPLICATION FOR EMPLOYMENT – MONITORING FORM**

Applicant No.

(Office use only)

**CONFIDENTIAL**

**Please complete in black ink or type**

**THIS FORM IS NOT PART OF THE SELECTION PROCESS**

**(The information you provide will be treated in the strictest of confidence and will not be seen by the selection panel)**

**Application for the post of: WATERFOWL AND MAINTENANCE WARDEN**

**Personal Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | Forename: |  | | |
| Preferred Name: | |  | | Preferred Title: | |  | |
| Home Address: | | | | Correspondence Address:  Email Address: | | | |
| Daytime Phone Number | | |  | May we contact you on this number during the application process? Yes / No | | | |
| Home Phone Number | | |  | National Insurance Number | | |  |
| Do you need a work permit for permanent employment in the UK? | | | YES / NO | If Yes do you have one? | | | YES / NO |

**Relatives / Other interests**

|  |  |
| --- | --- |
| Are you, to your knowledge, related to, or do you have a close personal relationship with any Member of Dawlish 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 |

**Rehabilitation of Offenders Act 1974**

|  |  |
| --- | --- |
| Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not ‘spent’. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as ‘spent’. | |
|  |  |

**Equal Opportunities Monitoring Form**

Dawlish Town Council recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

The information you supply on this form will be separated from your application form prior to any selection decisions being made and will be treated as confidential at all times, and in accordance with the Data Protection Act 2018.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Post Applied For: | | | WATERFOWL AND MAINTENANCE WARDEN | | | |
|  | | | |  | | |
| Gender: | | | | Marital Status: | | |
| Date of Birth: | |  | | | | |
| Do you consider yourself to have a disability? | | | | | |  |
| If yes, please state nature of disability | | | | |  | |
| **The disability Discrimination Act defines disability as “A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.** | | | | | | |

**Flexible Working**

|  |  |  |
| --- | --- | --- |
| Do you wish to apply for this job on the basis of flexible working? | | Yes / No |
| If yes please specify |  | |

**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 2018 the information contained in this form and my application form may be processed by Dawlish 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 Dawlish Town Council to process and retain information about me contained in this form in accordance with the Data Protection Act 2018.

Signed ……

Dated