|  |  |
| --- | --- |
| **Please state the post/s for which you are applying** | **Town Clerk** |

|  |  |
| --- | --- |
| **Please state where you heard about this post:** |  |

|  |  |
| --- | --- |
| **SURNAME** |  |
| **INITIALS** |  |

|  |  |
| --- | --- |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary schools****attended** | **From** | **To** | **Examinations****Subjects & Grades** |
|  |  |  |  |
| **Further Education** | **From** | **To** | **Qualifications****Subjects & Grades** |
|  |  |  |  |
| **Membership of professional institutions and other relevant training** |
|  |

**CURRENT EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | **Employers** **Name & Address** | **Present** **Salary** | **From** | **Period of** **Notice** |
|  |  |  |  |  |

**PREVIOUS EMPLOYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Title** | **Employers****Name and****Address** | **Salary/****Grade** | **From** | **To** | **Reason** **for** **Leaving** |
|  |  |  |  |  |  |

|  |
| --- |
| **Leisure interests** |
|  |

|  |
| --- |
| **EXPERIENCE AND SKILLS RELEVANT TO THE POST****Please detail your experience, skills and abilities which you consider relevant to this post** |

**Please continue on a separate sheet if required**

**HEALTH**

|  |  |
| --- | --- |
| **Have you suffered from any serious** **illness within the last five years** | Yes/NoIf yes, please specify |
| **How many days have you been absent from work due to sickness in the last 12 months** |  |
| **Do you have any conditions or limitations which might affect your ability to carry out all of the duties of the post** |
| **Yes/No****If yes, please specify** |
| **Are you registered disabled** |  |

**MISCELLANEOUS**

|  |  |
| --- | --- |
| **Have you had any criminal convictions** | **Yes/No****If yes, please specify** |
| **Are there any criminal proceedings pending****against you** | **Yes/No****If yes, please specify** |
| **Are you related to any Member or Senior Officer of the Council** | **Yes/No****If yes, please specify** |
| **Do you hold a clean, valid driving licence** | **Yes/No** |

**REFERENCES**

**Please supply the name, addresses and occupations of two referees, (one of which should be your present or most recent employer)**

|  |  |  |
| --- | --- | --- |
| **Name** | **1.** | **2.** |
| **Address** |  |  |
| **Position** |  |  |
| **Daytime Tel No** |  |  |

**I CERTIFY THAT THE INFORMATION I HAVE SUPPLIED IS TRUE AND CORRECT. I UNDERSTAND THAT SUPPLYING FALSE INFORMATION MAY RESULT IN SUBSEQUENT DISMISSAL**

SIGNED....................................................................................DATE..........................................

Please return to Devizes Town Council, Town Hall, St Johns Street, Devizes Wiltshire SN10 1BN marked CONFIDENTIAL – or email TownClerk@devizes-tc.gov.uk