## **APPLICATION FORM**

# Midsomer Norton Town Council

# APPOINTMENT OF Town Clerk

CLOSING DATE: 1pm 7<sup>th</sup> March 2025

Midsomer Norton 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 the Locum Town Clerk on 01761 418701 or by email townclerk@msn-tc.gov.uk. Please complete the form in full in black ink or type and use only A4 size paper for any continuation sheets.

\* \* \* \* \* \*

PERSONAL DETAILS	
Family Name:	
Forename(s):	
Preferred Title:	
Address:	
Post Code:	
Home Tel. No:	Work Tel. No:
Mobile No:	
Email Address:	
OUTSIDE INTERESTS AND I	NON-VOCATIONAL EXPERIENCE
	interests or non-vocational experience which you feel may be

### **REHABILITATION OF OFFENDERS ACT 1974**

1974. Unless the nature of the position allows the Council to ask questions about your entire crimina 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 any "unspent" convictions as defined by the Rehabilitation of Offenders Act

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

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

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

#### PROFESSIONALAND 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 EMPLOYM	FNT	
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 respoattach a copy of the job description if you wish.)	nsibilities of your current or r	nost recent job. (Plea

/hy do you/did you v	wish to leave you	ii current/most re	ecent 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	Employment Period		lab Title and Calc	Danaar fa	
Name and Address of Employer	From	nt Period To	Job Title and Salary	Reason for Leaving	
Employer	FIUIII	10		Leaving	

# RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION

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

PREVENTION OF ILLEGAL WOR	
are you eligible to work in the UK? Ye	es 🗆 No 🗆
o you require a work permit to take up	employment in the UK? Yes $\ \square$ No $\ \square$
	sure that you can work legally in the UK. Prior to taking up ride evidence of a passport and/or other relevant document hat you comply with this requirement.
re there any restrictions on your residing	ng in the UK? Yes □ No □
DRIVING LICENCE	
Oo you hold a current driving licence? ou hold:	Yes □ No □ If "yes" please state type of lice
are you a car owner or do you have a ca	ar at your disposal? Yes □ No □
o you have any current endorsements	? Yes □ No □ If "Yes", please specify:
Oo you have any current endorsements	? Yes □ No □ If "Yes", please specify:
Do you have any current endorsements	? Yes □ No □ If "Yes", please specify:
o you have any current endorsements	? Yes □ No □ If "Yes", please specify:
Oo you have any current endorsements  REFERENCES	? Yes □ No □ If "Yes", please specify:
REFERENCES lease give details of two persons who bou. We would prefer your referees to be	? Yes □ No □ If "Yes", please specify:  we could contact and would be willing to supply a reference your most recent employers including your current employers.
REFERENCES  lease give details of two persons who bu. We would prefer your referees to be	we could contact and would be willing to supply a reference
REFERENCES  lease give details of two persons who but we would prefer your referees to be applicable.	we could contact and would be willing to supply a reference e your most recent employers including your current emplo
REFERENCES  Tlease give details of two persons who would prefer your referees to be applicable.  Name:	we could contact and would be willing to supply a reference your most recent employers including your current employers.
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REFERENCES  lease give details of two persons who sou. We would prefer your referees to b applicable.  Name:  Position:  Address:	we could contact and would be willing to supply a reference e your most recent employers including your current employers.  Name:  Position:  Address:
REFERENCES  lease give details of two persons who so the source of the source of the source of two persons who source of t	we could contact and would be willing to supply a reference e your most recent employers including your current employers.  Name:  Position:  Address:  Post Code:

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 $\Box$ No $\Box$
If "yes", please give details.
DISABILITY DISCRIMINATION ACT 1995
Do you have a disability you wish us to know about at this stage? Yes $\ \square$ No $\ \square$
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.
<ul> <li>☐ I give my consent.</li> <li>☐ I wish to find out more information or to check what personal data is being collected and processed before giving my consent.</li> </ul>
Signed Date
NOTIFICATION OF VACANCY
How did you find out about this vacancy? Advertisement $\square$ Word of mouth $\square$ Council website $\square$ Council Notice Board $\square$ Other $\square$

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 email as PDF or MS Word document to admin@msn-tc.gov.uk
Or
Hard copy to -
Midsomer Norton Town Council The Somer Centre Gullock Tyning Midsomer Norton BA3 2UH
Please mark the envelope or email "Confidential – Application for the post of Town Clerk". If you would like an acknowledgement of receipt, please enclose a stamped addressed envelope if submitting this application form by post.
INTERVIEW ARRANGEMENTS
Please confirm that you will be available on these dates if selected for interview. Yes $\ \square$ No $\ \square$