

Marlborough Town Council



PRIVATE AND CONFIDENTIAL

MARLBOROUGH TOWN COUNCIL APPLICATION FORM

Assistant Town Clerk

Please complete and return to the Town Clerk, Marlborough Town Council,
5 High Street, Marlborough, SN8 1AA by **Friday, 1st June 2018 at 4pm.**

If sending your application electronically, please send to
townclerk@marlborough-tc.gov.uk

All correspondence should be marked private and confidential

Personal Details

Title	Surname	First Names(s)

Home Address:	
Postcode:	
Home Telephone:	
Mobile Telephone:	
E-mail Address:	

Do you need a work permit for permanent employment in the UK? Yes No

EDUCATION

From	To	School/College	Subjects	Results

EMPLOYMENT

Please include any gaps in your work history and list the most recent first. Please continue on a separate sheet if necessary.

From	To	Employer	Job Title	Salary/Reason For Leaving

ADDITIONAL INFORMATION

Having read the Job Description and Person Specification relating to this post, please set out below further information concerning any relevant skills, experience, qualifications and abilities in support of your application. (Additional details can be included on a separate sheet)

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REHABILITATION OF OFFENDERS ACT

Upon offer of employment we reserve the right to request a Criminal Records Bureau Disclosure at Standard level and this disclosure will include details of cautions, reprimands or final warnings as well as convictions. Please provide details of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974.

HEALTH DECLARATION

Please give details of any days lost to sickness or health matters of relevance to the work applied for. Please attach any health related information you would like to share with us and place in a sealed envelope marked "Confidential – Health Declaration". This information will not be used in the short listing process.

I have attached an envelope: Yes () No ()

REFERENCES

Referee 1 (Current or Most Recent Employer)		Referee 2 (Past Employer or Tutor)	
Name:		Name:	
Position:		Position:	
Address:		Address:	
How is this person known to you?		How is this person known to you?	
Telephone:		Telephone:	
E-mail:		E-mail:	
Can we contact the referee prior to the interview?	Yes No	Can we contact the referee prior to the interview?	Yes No

DECLARATION

The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer of employment being withdrawn.			
Signed:			
Name (please print)		Date:	

CONTINUATION SHEET

Use this page to add more detail if required