

**Job Application Form**

Please complete all parts of this form in type or black ink and use A4 paper for any continuation sheets.

**Job Details**

|  |  |  |
| --- | --- | --- |
| **Job Title** |  | |
| **Closing date for applications:** | |  |
| **Full-time:** | | **Part-time:** |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |  | **Address:** |  |
| **First Name:** |  |
| **Telephone (daytime):** |  | **Telephone (evening):** |  |
| **Mobile number:** |  | | |
| **Email address:** |  | | |

**Driving Licence**

Only answer if a full driving licence is an essential requirement of the job.

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current Driving Licence? | | Yes | No |
| If Yes, please state the type of licence you hold: |  | | |
| Do you have any current endorsements? | | Yes | No |
| If Yes, please specify: |  | | |

**Why are you applying for this job?**

Please mention any specific skills or experience that meet the requirements of the job description and person specification. These skills may have been gained in relation to your current or previous employment, education, training, domestic activities, voluntary work or leisure interests.

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|  |

**Employment which you intend to continue if successfully appointed to the post applied for**

Please complete and sign either Section 1 or Section 2 below. Your application cannot be processed if you do not return this form. Please declare any other job, whether they are with the Town Council, other local authorities, public bodies or with private companies/employers.

**Section 1 – No other employment**

|  |  |  |
| --- | --- | --- |
| I confirm that I do not have any other employment | | |
| Signature | Print name | Date |

**Section 2 – Other employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All other employment that I have is detailed below: | | | | |
| **Job Title** | **Weekly hours**  Note: weekly hours must specify total regularly worked (including overtime) | **Start time**  Please use the 24 hour clock | | **End time**  Please use the 24 hour clock |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Signature | Print name | | Date | |

**Rehabilitation of Offenders Act 1974**

You are required to declare any criminal convictions (including bind over and cautions but excluding minor motoring offences) which are not ‘spent’ in accordance with the Rehabilitation of Offenders Act 1974.

|  |  |
| --- | --- |
| Do you have any criminal convictions which are not yet ‘spent’? | |
| Yes | No |
| If YES, please give details below or, if you prefer, attach details in a sealed envelope marked Strictly Confidential. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice. | |

**Declaration**

I declare that the information given both on this application form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions of Information concerning canvassing or criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to termination.

Data Protection:

If I accept employment with Uckfield Town Council I consent to my personal information being held by the Council for the administration of my Contract of Employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | | Date: |  |
| Print Name: |  | | | |