**Wem Town Council**

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**Application Form**

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| ***Position applied for:***  ***Litter Picker*** | ***Closing date and source of application:*** |
| ***Surname:*** | ***First names and title:*** |
| ***Address:*** | ***Telephone: Mobile: Email: National Insurance Number:*** |

***Personal Details:***

|  |  |
| --- | --- |
| Do you require a work permit to take up employment in the UK? Yes  No □ | |
| Are you legally eligible for employment in the UK? Yes  No □ | |
| Do you hold a current clean driving licence? Yes  No □ | |
| Please give details of any driving offences currently under endorsement: | |
| Please give details of any unspent criminal convictions that you may have (in accordance with the Rehabilitation of Offenders Act 1974). | |
| If offered this position will you continue to work in any other capacity? Yes  No □ | |
| Have you previously worked for Wem Town Council? | Yes  No □ |
| Is your ability to perform the particular job for which you are applying limited in any way? | Yes  No □ |
| If yes, how can we overcome this? |  |

**Employment History**

Please list all employment in reverse chronological order, starting with your present or last position. (Please continue on a separate sheet if you need to)

**Name & Address of Employer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date joined: Date left:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your duties and responsibilities:

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| --- |
|  |

Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Reason for Leaving:

|  |
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|  |

**Name & Address of Employer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date joined: Date left:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your duties and responsibilities:

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| --- |
|  |

Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Reason for Leaving:

|  |
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|  |

**Education and Qualifications (including Membership of Professional Bodies)**

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| --- | --- | --- |
| **Date from /To** | **Name of School, College or University** | **Qualifications Gained** |
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|  |  |  |
|  |  |  |

**Training**

Please list relevant training courses attended below:

|  |  |
| --- | --- |
| Date | Training / Courses Details |
|  |  |
|  |  |
|  |  |

**Hobbies/Interests**

Please give details of your main hobbies / interests:

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| --- |
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**Illness and/or Accidents**

During the past two years until now have you been treated by a Doctor and / or in a hospital for any illness or injury that required time off work? If yes, please give details:

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| --- |
|  |

Are you prepared to undergo a medical examination? Yes / No

How many days sickness have you had off work over the last three years? Total: \_\_\_\_\_\_\_

**References**

Please give the names and addresses of two referees. One should be your present or last employer.

**Referee 1 Referee 2**

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |

Are you related to any member or employee of Wem Town Council? Yes / No

If yes please give full details:

**IMPORTANT NOTICE**

Failure to answer all the questions of this application form or failure to reveal information which might influence a decision on whether or not to employ you will automatically invalidate the application and the offer of employment and where employment has commenced, to dismissal.

**Declaration:**

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| --- | --- |
| **I, the undersigned, declare that the information given to me on this application and any other form (including at interview) to the best of my knowledge is correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would influence a decision to employ or not employ me.** | |
| Signature: | Date: |

**Please return your completed application by 31.3.17 , to Penny O’Hagan, Town Clerk, Wem Town Council, Edinburgh House, New Street, Wem, Shropshire, SY4 DB.**

**Or email info@wem.gov.uk**