

EDUCATION

Name of School / College / University	Examinations Passed	Grade	Date Obtained

PROFESSIONAL / TECHNICAL QUALIFICATIONS / MEMBERSHIPS

Name of Body / Institute	Qualifications / Memberships	Grade	Date Obtained

Proof of qualifications/memberships will be required at interview and copies taken at time of appointment.

TRAINING

Name of Organisation Providing Training	Course Attended	Date of Course

ADDITIONAL INFORMATION

This is the most important part of your application. Please tell us what makes you think you are suitable for this job.

Your application will be judged against the person specification which lists the essential requirements and competencies for the post. Please address each point of the person specification giving details of your skills, experience and knowledge in these areas. Please be specific. The shortlisting panel needs to know how and why you consider yourself suitable for the job. Give details of duties carried out in your current and previous jobs and mention any relevant experience gained outside paid employment (e.g. you may have done voluntary work in the community or have experience of organising activities socially or running a home).

Please continue on a separate sheet if necessary

PERSONAL INFORMATION

Do you hold a current and valid driving licence?	YES / NO	National Insurance Number
Do you have use of a car?	YES / NO	

Are you related to a Councillor or employee of this Council? YES / NO

If YES, please give details:

Canvassing Councillors or employees of this Council will disqualify your application.

If you are successful in this application for employment with the Council, would this be your only job? If not (because of the Working Time Regulations), please give details of any secondary employment.

Where did you see this post advertised?

REFEREES

Please give names and addresses of two referees. One must be your current or most recent employer. The second can be anyone, including a previous employer.

First Referee - Employer

Address:

Name:

Organisation:

Post Code:

Daytime telephone:

May we contact them without further reference to yourself?
YES / NO

Second Referee

Address:

Name:

Organisation:

Post Code:

Daytime telephone:

May we contact them without further reference to yourself?
YES / NO

In what capacity do you know the second referee?

SIGNATURE

I certify that the statements contained in this application are to the best of my knowledge correct and that knowingly making a false statement may lead to dismissal.

Signed:

Date:

Please return this form to:

Laura Donovan
Town Clerk
Ilfracombe Town Council
The Ilfracombe Centre
44 High Street
Ilfracombe
EX34 8QB

Telephone 01271855300

Email: laura.donovan@northdevon.gov.uk
www.ilfracombetowncouncil.gov.uk

Please note that application forms received after the closing date will NOT be accepted.