

LEOMINSTER TOWN COUNCIL

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Application Form

Position applied for:		
Closing Date:		
Where did you see the vacancy advertised?		
PERSONAL INFORMATION		
Title:		
First name:		
Surname:		
Address including postcode:		
Telephone:		
Email:		
Do you hold a current clean driving licence?	Yes	No
Do you consider yourself to have a disability within the terms of the Act 1995?	e Disability	Discrimination
ACL 1993!	Yes	No
Do you require a work permit to take up employment in the UK?	Yes	No
Do you have a close personal relationship with a councillor of the Parish Council or any of		uncil or any other
person that may present a potential conflict of interest?	Yes	No
If yes, please provide us with their details:		
Name:		
Position:		
Relationship:		

(This is to ensure that, as appropriate, the individuals involved are protected from allegations such as propriety, bias, or conflict of interest whether during the selection process or on any subsequent appointment.)

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. You can include any voluntary or unpaid work that you may have done.

Date from/to	Position held/ duties	Name and address of employer	Reason for leaving

Education and qualifications

Date from/to	Name of School, College or University	Qualifications gained

Professional Training courses

Date achieved	Organising body	Description

Please give your reasons for applying for this position. Include examples of how you have demonstrated that your skills and experience fit with the person specification and job description.

F	Please use a separate sheet if necessary.

Include here memberships of profe	ssional bodi	es and service on voluntary organisations etc.
	REF	FERENCES
		
Please give the names and add	resses of tv	vo referees. One should be your present or last
employer if possible.		
Referee 1		Referee 2
Name:		Name:
Job title:		Job title:
Relationship to you:		Relationship to you:
Address:		Address:
radiose.		/ tudioss.
Email:		Email:
May we approach them now?		May we approach them now?
Yes No		Yes No
	DEC	LARATION
	<u>520</u>	ET WORTHON
I declare that the information	I am givin	g in this application is accurate and true. I
		or false information may disqualify me from
appointment or may result in		
Signature	Date	

Please give details of any outside interests or other information which you feel will support your

application.

Please return your completed application to The Environmental Services Supervisor, Leominster Town Council, 11 Corn Square, Leominster, Herefordshire HR6 8YP. Electronic applications will be accepted and can be sent to grounds@leominstertowncouncil.gov.uk