

Clipstone Parish Council Job Application Form

| Post Applied for | Closing Date | Interview Date |
|------------------|--------------|----------------|
| Caretaker | 23/05/21 | |

Please complete this form fully in black ink or type. CVs are only accepted when submitted with a completed application. Applications received after the closing date will not normally be considered.

The information you provide in this form will be treated in confidence.

Personal details

| Surname | | | | | |
|----------------------------------|-----------------|-------|----|--|--|
| First Name(s) | | | | | |
| Address 1 | | | | | |
| Address 2 | | | | | |
| Address 3 | | | | | |
| Postcode | | | | | |
| Preferred phone contact | | | | | |
| Email | | | | | |
| | | | | | |
| Do you hold a full clean driving | licence | Yes 🗌 | No | | |
| Do you need a work permit to | work in the UK? | Yes 🗌 | No | | |

Please note: If you are successful, you will be required to provide relevant evidence of your qualifications, training and right to take work in the UK prior to your appointment.

| Post Applied for | | Closing Date | Interview Date |
|---------------------------|--------------------|-----------------------------|---|
| Caretaker Applicant Name | | 23/05/21 | |
| Аррисант матне | | | I |
| Current or Most Rece | nt employ | ment | |
| Name of Employer | | | |
| Address 1 | | | |
| Address 2 | | | |
| Address 3 | | | |
| Postcode | | | |
| Post Title | | | |
| Department | | | |
| Dates of Employment | | | |
| Period of notice required | | | |
| Description of Duties | | | |
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| | | | |
| Previous Employmen | · (Please continue | on a separate sheet or att | ach your CV for additional information.) |
| Name of Employer | . (Trease continue | on a separate sheet or atta | deri your ev for additional information.) |
| Address | | | |
| Post Title | | | |
| Dates of Employment | | | |
| Reasons for leaving | | | |
| Summary of Duties | | | |
| Name of Employer | | | |
| Address | | | |
| | | | |

Post Title

Dates of Employment

Reasons for leaving

Summary of Duties

| Post Applied for | Clo | sing Date | Interview Date |
|-------------------------------------|----------------------|----------------------|-----------------------------------|
| Caretaker 23 | | 05/21 | |
| Applicant Name | | | |
| Education and Training | versities attend | led Please lis | st highest qualification first |
| Name of School or College | Course | | Qualifications and Grades |
| Traine of Benediction of Conlege | Course | | Qualificacions and Grades |
| | | | |
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| | | | |
| Please continue on a separate sheet | or attach your CV fo | or additional inform | nation. |
| Professional, Vocational or | Technical Out | alifications | |
| Professional/Technical Qualific | | Course Detail | S |
| Troressional, recimieat quality | | Course Betain | |
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| Diago continuo en a consuerto chest | or ottock vour CV fo | u additional inform | antion |
| Please continue on a separate sheet | or attach your CV it | or additional inform | iation. |
| Please list Membership of any I | Professional/Tecl | nnical Association | ons with the level of membership. |
| | | | |
| | | | |
| | | | |
| Training and Davidanment | , | | |
| Training and Development | | مامينما مامينمام | noncont vouchous undoutelos in |
| _ | qualification trail | mig and develo | pment you have undertaken in |
| the past five years. | | | |
| Professional, Vocational or | Technical Qua | alifications | |
| Title of Training Programme of | r Course | Duration of C | Course |
| | | | |
| | | | |

Please continue on a separate sheet or attach your CV for additional information.

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| Applicant Name | | |

| Information i | in Support | of your Ap | plication |
|---------------|------------|------------|-----------|
|---------------|------------|------------|-----------|

| Please use this section to explain in detail how you meet the criteria of the Person Specification and Job Description. (Please continue on a separate sheet if required.) |
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References

Please give details of two people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission if you are the successful candidate.

| permission if you are the suc | cessial candidate. |
|--|--|
| Name | |
| Organisation | |
| Address inc. Post Code | |
| Post Title | |
| Work Relationship | |
| Telephone | |
| Email | |
| Do you give permission to o | btain a reference from this referee? Yes No |
| Name | |
| Organisation | |
| Address inc. Post Code | |
| Post Title | |
| Work Relationship | |
| Telephone | |
| Email | |
| Do you give permission to o | btain a reference from this referee? Yes No |
| Interview Arrangeme Are there any dates when yo | nts and Availability ou will not be available for interview in the next six weeks? |
| When would you be able to | start working for us? |
| | |

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| Applicant Name | | |

| If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you in your application or with the recruitment process. | |
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| | |

Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and that providing deliberately false information could result in my dismissal.

| Name | |
|-----------|--|
| | |
| | |
| Signature | |
| | |
| | |
| Date | |
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Return your completed application to:

By post

The Clerk to the Council Clipstone Parish Council The Village Hall Church Road Clipstone Village Mansfield Nottinghamshire NG21 9DF

Please mark your envelope "Private and Confidential"

By email:

clerk@clipstoneparishcouncil.org



Diversity Monitoring Form

Clipstone Parish Council strives to being an Equal Opportunities Employer. The information you provide will support us ensure that our recruitment processes are fair to all and allow us to attract diverse and talented candidates. You can select "prefer not to say" if you would rather not answer any question.

The information you provide in this section will:

- not be used as part of the selection process.
- **be separated** from the main body of your application on receipt.
- **only** be used for monitoring and statistical purposes. No information will be published which allows any individual to be identified.

| What is your ge Male | ender? |
|---|--|
| Female | |
| I prefer not to say | , |
| I self-identify as: | |
| Disability Do you have any pronths or more? | ohysical or mental health conditions or illnesses lasting or expected to last 12 |
| Yes | |
| No | |
| I prefer not to say | , <u> </u> |
| • | ered yes to the question above, does your condition or illness/do any of your sses reduce your ability to carry out day-to-day activities? |
| Yes, a lot | |
| Yes, a little | |
| No | |

| Post Title: Closing Date: | |
|--|--|
| Ethnicity Please choose one of the following options tha background. | t most accurately describes your ethnic group or |
| White English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other White background, please describe: | |
| Mixed/multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed/Multiple ethnic background, p | |
| Asian / Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, please describe: | |
| Black African/Caribbean/Black British African Caribbean Any other Black/African/Caribbean background | |
| Other ethnic group Any other ethnic group, please describe: | |
| I prefer not to say | |
| Age What was your age group at your last birthday | ? |
| Under 18 18 to 25 35 to 54 45 to 54 55 to 64 65 or older I prefer not to say | |

| Post Title: Closing Date: | |
|---|--|
| Sexual Orientation Bisexual Gay or lesbian Heterosexual Other, please describe | |
| I prefer not to say | |
| Religion or belief Buddhist Christian Hindu Jewish Muslim Sikh Other, please describe | |
| No religion or atheist I prefer not to say | |