

KIRKHAM

TOWN COUNCIL

APPLICATION FORM

1. PERSONAL DETAILS

Last Name:

First Name:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode:

**Home
telephone:**

Mobile telephone:

Email address:

**National
Insurance No.**

2. EDUCATION/QUALIFICATIONS

Place of Study	Qualification	Grade	Date Obtained

3. ELIGIBILITY TO WORK IN THE UK

Current legislation means that it is a criminal offence to employ a person who is subject to immigration control, unless he or she has documentary proof showing an entitlement to work in the UK.

Do you have an entitlement to work in the UK?

Yes

No

4. TRAINING

Please give details of any training courses you have attended.

Training Course	Course Detail (including length of course/type of training)

5. PREVIOUS EMPLOYMENT

If you have previously been employed, please give details here.
Include any previous experience paid or unpaid.

Name of Employer:			
Address:			
		Postcode:	
Position Held:			
Date Started:		Leaving Date:	
Reason for Leaving:			
Brief Description of Duties:			
Name of Employer:			
Address:			
		Postcode:	
Position Held:			
Date Started:		Leaving Date:	
Reason for Leaving:			
Brief Description of Duties:			

6. REHABILITATION OF OFFENDERS ACT (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974?

Yes

No

If yes, please give details/dates of offence(s) and sentence:

7. SKILLS AND ABILITIES

Please use this section to tell us about your skills/abilities and how you have put them to good use.

8. REFERENCES

Please provide two references:

Reference 1:

Name:
Organisation:
Position:
Address:
Postcode:
Telephone No:
Email:

Reference 2:

Name:
Organisation:
Position:
Address:
Postcode:
Telephone No:
Email:

Kirkham Town Council will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

Signed:

Date:

9. DISABILITY

The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities. (i.e. has lasted or is expected to last over 12 months)

Do you consider yourself to be disabled according to this definition?

Yes No

If you answered yes, how would you define this impairment?

Please return this form to:

Town Clerk

Kirkham Town Council
The Community Centre

Mill Street

Kirkham

PR4 2AN

Tel: 01772 682755

Email: townclerk@kirkhamtowncouncil.gov.uk