



Application Form

Job:

Shaftesbury Town Council
Town Hall
High Street
Shaftesbury
Dorset
SP7 8LY

1. Personal Details	Ref No (if applicable):	
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The information in sections 1 and 2 will be detached from the application form prior to short listing.

Surname		Forename(s)	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Date of Birth	
Address	Is this a job share application?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Contact Details (please tick preferred contact detail)		
	Home	<input type="checkbox"/>	
	Work	<input type="checkbox"/>	
	Mobile	<input type="checkbox"/>	
	E-mail	<input type="checkbox"/>	

Are you eligible to work within the UK? Yes No

Are you required to have a work permit to work in the UK? Yes No

Convictions / Disqualifications

Please give details and dates of:
a) any convictions (including driving offences) and/or b) disqualifications from driving or performance of professional duties.

Canvassing

In order to ensure fairness and openness of our selection process please state whether you are related to, or in a close personal relationship with a Councillor or employee of Shaftesbury Town Council. Yes No

If YES, please give details:	Name:	
	Position in Council:	
	Relationship with yourself:	

Please note that canvassing of Councillors or employees of Shaftesbury Town Council in relation to this application will disqualify any applicant. If evidence of this is discovered after appointment you may be dismissed without notice.

Declaration

I declare that the information I have given in this application is correct and complete. I understand that any false statements or failure to disclose information requested on this form may result in my application being disqualified or may lead to my dismissal or disciplinary action if appointed.

Signature		Date	
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🔒 How information about you will be used

All information on this form will be treated in strictest of confidence and used to process your application for employment. If you are appointed, this application will form the basis of your personal file and information on this form may be held on computer.

If your application is unsuccessful your details will be kept for a period of 1 year and will then be destroyed.

2. Equal Opportunities Monitoring Form

How information about you will be used

We ask you to complete this information to enable us to monitor the effectiveness of our Corporate Equalities Policy. This information will be used solely for monitoring purposes, will be treated as confidential and will be separated from the application form on receipt and before selection procedures commence.

Please place a tick in the boxes where applicable:

Are You? Male Female

Please indicate your current age band below:

Up to 19 20 - 29 30 - 39 40 - 49 50 - 59 60 - 69 Over 70

How would you describe your ethnic origin?	White British <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Italian <input type="checkbox"/> Any other White background <input type="checkbox"/>	Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>
	Mixed White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed Background <input type="checkbox"/>	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>
	Chinese Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>	

Do you consider yourself to have a disability? Yes No

Where did you see this vacancy advertised?

Local Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>	Please state
Professional Journal <input type="checkbox"/>		
Job Centre <input type="checkbox"/>	Internet <input type="checkbox"/>	Please state website: www.
National Newspaper <input type="checkbox"/>		

Are you currently employed by Shaftesbury Town Council? Yes No

Application Form	Code (if applicable):	
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3. Vacancy Details

Job(s) Applied for:	
Ref No (if applicable):	

4. Present or more recent employment, voluntary work or role

Job Title:		Name of Employer:	
Hours worked:		Employer's Address:	
Dates Employed:			
Notice Period:			
Current Salary plus Benefits:			
Key Duties:			

5. Reason for wishing to leave or left:

The Working Time Regulations place a maximum limit on weekly hours worked (48 hours). Will you continue in any other employment, should you be offered this appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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6. Previous Employment

Starting with the most recent first, please give details of jobs held including part-time and unpaid work. Do not include the details provided in Section 4 of the application form.

Continue on a separate sheet if necessary.

Name of Employer	Job Title and Main Duties	Reason for Leaving and Length of Employment

7. Posts working with Children, Young People and Vulnerable Adults

If applying for a post, which involves working with children, young people and/or vulnerable adults, you are required to provide below the dates you were employed from and to, and details of any gaps in your employment.

ALL convictions/cautions must be declared (regardless of whether deemed as spent)

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8. Education

Please give details of any education, technical and/or professional qualifications. If you are currently studying please provide details of the qualifications you are studying for.

Examinations/Qualifications taken or to be taken (include subjects)	Results and Grades

9. Training

Please list any course(s), which you have undertaken that are relevant to the job and/or specified on the person specification. Continue on a separate sheet if necessary.

Length of Course	Course Title	Organising Body

10. Membership

Please indicate membership of any organisation(s) relevant to the job.

Name of Organisation	Type of Membership	Is Membership Current?

11. Skills, Abilities, Experience and Achievements

Please give details of your skills, abilities, achievements and experience (including outside interests) and use examples to demonstrate how you meet each of the criteria listed in the job description.

You may continue on **up to 2 separate sheets** and attach if necessary, please do not staple.

12. Disability

We guarantee to interview disabled applicants who meet the **essential** requirements for the post.

Do you consider yourself to have a disability?
If YES, please tick the appropriate boxes below:

Yes No

Please state any particular assistance or facilities you may require in attending an interview.

13. References

Please give details of 3 referees who are able to comment on your suitability for the job, one of whom must be your present or most recent employer. If you have just left full time education you should give details of your course tutor or teacher. References from **friends and relatives** are not acceptable.

Name		Position/Occupation	
Address		Telephone No.	
		Fax No.	
		E-mail	
May we contact referee prior to interview	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to yourself	

Name		Position/Occupation	
Address		Telephone No.	
		Fax No.	
		E-mail	
May we contact referee prior to interview	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to yourself	

Name		Position/Occupation	
Address		Telephone No.	
		Fax No.	
		E-mail	
May we contact referee prior to interview	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to yourself	

14. Driving Qualifications

You should only complete this page when driving is required for the post. The person specification will confirm if driving is needed to carry out the duties of the post e.g. Groundsperson.

For other posts, driving may not be an essential requirement to carry out the duties and alternative methods of transport could be used e.g. public transport, cycling, walking etc.

Do you hold a current driving licence?	No <input type="checkbox"/>	Provisional <input type="checkbox"/>	Full <input type="checkbox"/>
Please state categories of licence held:			
Do you have any driving endorsements?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have regular access to a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>		