

SWAFFHAM TOWN COUNCIL

Town Hall, 4 London Street, Swaffham, Norfolk, PE37 7DQ

Telephone 01760 722922

www.swaffhamtowncouncil.gov.uk

Please return your completed application and a current CV to

deputyclerk@swaffhamtowncouncil.gov.uk

APPLICATION FORM

Post applied for:

Your details

| | |
|-----------|--|
| Name: | |
| Address: | |
| Postcode: | |
| Phone: | |
| Email: | |

Education and training

Please give details:

| |
|--|
| |
|--|

Qualifications

Please give details:

| |
|--|
| |
|--|

Employment history

Your current or most recent employer

| | |
|-------------------------------|--|
| Name of employer: | |
| Address: | |
| Postcode: | |
| Job title: | |
| Pay: | |
| Length of time with employer: | |

Reason for leaving:

Previous employers

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

Supporting statement

Please tell us why you applied for this job and why you think you are the best person for the job.

Interview arrangements and availability

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 our recruitment process.

Are there any dates when you will not be available for interview?

When can you start working for us?

| |
|--|
| |
|--|

Right to work in the UK

Do you need a work permit to work in the UK? Yes / No

References

Please give the names and contact 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.

Referee 1

| |
|--|
| |
|--|

Referee 2

| |
|--|
| |
|--|

Declaration

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

| | |
|------------|--|
| Name: | |
| Signature: | |
| Date: | |