



Coleshill Town Council

## JOB APPLICATION FORM

Please complete in black ink or type

Application is for the post of: Caretaker – Town Hall

Vacancy Reference: CTH/1

### PERSONAL DETAILS

Surname:	First Name:
National Insurance Number:	
Address:	Home Tel. No. Daytime Tel. No. Mobile:
Post Code	Email:  May we contact you discreetly at work? YES / NO

### PRESENT/LAST EMPLOYER

Job Title:	Current/Last Salary:
Start Date:	Leaving Date (if applicable):
Name and Address of Employer:	Reason for leaving/wanting to leave:

Notice required:

Outline of Duties:

Education/Training/Qualifications (most recent first)

School/College University	Dates		Qualifications taken/to be taken	Level/Grade	Date of Exams
	From	To			

<b>Relevant in-House Training/Leaving</b>		
Course/Event Details	Duration	Approx. Date

Membership of Professional Bodies:

<b>Previous Employment (permanent, temporary and voluntary – most recent first)</b>				
Employer	From	To	Position Held	Reason for Leaving

Please outline our reasons for applying for this position and give any details of any work, experience, skills and competencies that you feel will support your application

## Declarations

Statement as to general health:

Note: Successful candidates may be required to disclose their full medical history and may be subject to medical examination

If you have a disability are there any arrangements we can make for you if you are called to interview? YES / NO

If Yes, please specify (e.g. ground floor venue, etc.)

Do you hold a current, valid driving licence? YES / NO

Do you have use of a vehicle during work hours? YES / NO

Are you related or connected to any Councillor of Coleshill Town Council YES / NO

If Yes, please explain relationship/connection – this is to ensure that they are not involved in the selection process

Note: Canvassing of councillors or employers of the Council for this post will lead to disqualification

## References

Please provide details of two referees (not relatives) of whom one should be your line manager/chief reporting officer in your present organisation (or last organisation if not presently employed)

Name:

Address:

Telephone No.:

In what capacity do you know the above?

May we approach this referee before interview?

YES / NO

Name:

Address:

Telephone No.:

In what capacity do you know the above:

May we approach this referee before interview?

YES / NO

The information given is true and accurate to the best of my knowledge and belief

Signed:

Dated:

**Please return this form to:**

Colin Greatorex – Town Clerk

Coleshill Town Council, Town Hall, High Street, Coleshill B46 3BG

[colin@coleshilltowncouncil.gov.uk](mailto:colin@coleshilltowncouncil.gov.uk)