

Winnersh Parish Council

Winnersh Community Centre

New Road, Sindlesham

Wokingham, Berkshire RG41 5DU

Tel: 0118 9780244

E-mail [clerk@winnersh.gov.uk](mailto:clerk@winnersh.gov.uk)

www.winnersh.gov.uk

**JOB APPLICATION FORM**

**Private and Confidential**

Please complete all sections in full, in typescript

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Post applied for: |  | | |
| Full Name: |  | | |
| Address: |  | | |
| Telephone Number | |  | |
| Telephone Number (work): | |  | Can you be contacted at work? YES/NO |
| E-mail address: | |  |

**Employment**

|  |  |  |
| --- | --- | --- |
| Present/most recent employment:  (please indicate whether you are still employed) | | |
| Name and address of employer | Position held – including start and end dates | Summary of duties |
|  |  |  |
| Previous employment (please give your latest employment first and explain any periods not accounted for. | | |
| Name and address of employer | Position(s) held - including start and end dates | Summary of duties |
|  |  |  |

**Education**

|  |  |  |
| --- | --- | --- |
| School/college/university/further education | Subjects studied | Results/grades |
|  |  |  |

|  |
| --- |
| Professional or other qualifications and training relevant to this post: |

|  |  |
| --- | --- |
| Please use the space below to explain why you are applying for this post and to give any additional information you feel may be relevant to your application. Please include any voluntary/social/sports activity where skills and experience have been gained that may assist you in your application. You are advised to use the Job Description and Person Specification to show how your skills, experience and attributes can help meet the requirements of the post. | |
| *Please insert your statement here* | |
| References: Please give the name, address and telephone numbers of two referees. At least one should be a present or most recent employer. Please indicate in what capacity you know the referees. | |
| Name:  Position:  Address:  Post Code:  Telephone number:  Capacity: | Name:  Position:  Address:  Post Code:  Telephone number:  Capacity: |

|  |
| --- |
| May references be taken up prior to interview (please indicate)? YES NO |
| When would you be available to take up appointment? |
| If invited would you be available for interview during week commencing 27 July? |

**Additional information** (Please indicate your answers with a tick in the Yes or No Column)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Further information** |
| Are you entitled to work in the United Kingdom? |  |  | A Right to Work Check will be made prior to employment |
| Are you related to or closely connected to any councillor or employee of the Council? If YES, please give details: |  |  |  |
| Do you hold a current full UK driving licence? |  |  | N/A |
| Do you have transport of your own? |  |  | Type: |
| Have you been convicted of a criminal offence? Convictions which are ‘spent’ under the Rehabilitation of Offenders Act 1974 need not be disclosed. If you have unspent convictions give details of the offence, court, date of conviction and sentence imposed. |  |  | Details on a separate labelled sheet |
| Are you insolvent or an undischarged bankrupt? If yes, give details of the date of the proceedings and the place at which they were held. |  |  | Details on a separate labelled sheet |

**Please check that all sections of this application form have been completed.**

|  |
| --- |
| Declaration:  I hereby declare that, to the best of my knowledge, the information given on this form is correct and complete and can be treated as part of any subsequent Contract of Employment. I understand that if any statement is false or misleading, or if I have withheld relevant information, my application may be disqualified or, if I have already been appointed, disciplinary action may be taken which may result in dismissal. This declaration does not affect my rights under the Rehabilitation of Offenders Act 1974.  Signed: ……………………………………………… Date: ………………………...  ☐ please indicate here that you agree to the declaration above if submitting electronically |
| **Please return this form by email to** [clerk@winnersh.gov.uk](mailto:clerk@winnersh.gov.uk) **by noon on Monday 15 November 2021** |