



SAXMUNDHAM TOWN COUNCIL

APPLICATION FORM

PERSONAL DETAILS

SURNAME:

FIRST NAME:

HOME ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

EDUCATION (start with most recent)

DATE

QUALIFICATION GAINED

GRADE OBTAINED

TRAINING AND PROFESSIONAL QUALIFICATIONS (start with most recent)

DATE

COURSE TITLE/QUALIFICATION

DURATION

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MEMBERSHIP OF PROFESSIONAL BODIES

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PRESENT EMPLOYMENT (if unemployed leave blank)

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| JOB TITLE: | |
| BASIC PAY/GRADE: | |
| EMPLOYER NAME: | |
| EMPLOYER ADDRESS: | |
| TELEPHONE NUMBER: | |
| DATE STARTED: | |
| NOTICE PERIOD REQUIRED: | |
| MAIN DUTIES AND RESPONSIBILITIES: | |

PREVIOUS EMPLOYMENT

| JOB TITLE | EMPLOYER | DATES EMPLOYED | REASON FOR LEAVING |
|-----------|----------|----------------|--------------------|
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FURTHER DETAILS

Please tell us why you are a suitable candidate for this role, including relevant experience (voluntary or work), skills, abilities, and any specialist knowledge you may have. Please refer to the criteria in the Job Description/Person Profile.

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INFORMATION

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| Do you have the Right to Work in the UK? | |
| In accordance with the Rehabilitation of Offenders Act 1974, please give details of any criminal convictions, which may be relative to your application. | |
| To your knowledge, are you related to any member or employee of the Town Council? | |

REFERENCES

Please give details of two referees whom we may ask about your suitability for the job. One of these must be your current or most recent employer. You should not name a relative as a referee. References will usually only be taken up with your prior permission.

| | REFEREE 1 | REFEREE 2 |
|--------------------------------------|-----------|-----------|
| NAME: | | |
| ADDRESS: | | |
| TELEPHONE NUMBER: | | |
| EMAIL ADDRESS: | | |
| HOW LONG HAVE THEY KNOWN YOU? | | |
| IN WHAT CAPACITY? | | |

We will not confirm an offer of appointment until we have received a satisfactory reference from your present or most recent employer.

I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. I understand that if I have provided false or misleading information, this will result in the termination of any contract of employment, or the withdrawal of any offer of employment. I also hereby give my explicit consent to the processing of data contained or referred to on this form, in accordance with the Data Protection Act 2018 and any subsequent legislation.

Signature of Applicant Date

Please return this form by 6th October 2023 to:

Sharon Smith
Town Clerk
Saxmundham Town Council
The Town HOuse
Station Approach
Saxmundham
IP17 1BW

Or email to townclerk@saxmundham-tc.gov.uk