## APPLICATION FORM BRIDPORT TOWN COUNCIL



## Confidential

Please complete in black ink and return to address/email address on last page

Closing Date:	No later than 9am on 4 April 2022
Appointment of:	Project Manager & Community Initiatives Officer
Where did you see the advertisement?	

## PERSONAL DETAILS

Surname:	First names:
Home Address:	Telephone Numbers
	Home:
	Work:
	Mobile:
Email:	Can we contact you at work? Yes/No
Post Code:	
Preferred title:	Valid Driving Licence Yes/No
N.I. Number:	Penalty Points <b>Yes/No</b> Number:
	Do you have access to a car Yes/No
Are you related to or are the spouse /	
partner of any councillor or employee of	
Bridport Town Council?	
Yes / No	
If yes, please give detail:	
Canvassing will disqualify your	
application or if appointed make you	
liable to dismissal.	

EDUCATION AND TRAINING			
From	То	Name of School etc. (most recent first)	Qualifications attained with grades

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS				
Organisation	Membership Status	Date Awarded		
	<u> </u>			

EMPLOYMENT HISTORY (most recent jobs first)						
Please ir	ndicate a	II previous	positions held	including any with this	<b>Cou</b>	ncil
Present Position: Pres			resent Employer: acluding location)			
Date started	Current Salary: Benefits			Reason for wishing to leave:		
From	То	Previous	positions	Employer and Location	Rea	son for Leaving
		CERTII	EICATED CO	URSES ATTENDE	-D	
Course		OLIVIII	Organisation			Date Attended
NOTICE						
Please state the period of notice you are required to give in your present job:						

## **INFORMATION IN SUPPORT OF YOUR APPLICATION** This should include the following: 1. Reasons for this application 2. How your skills, experience and personal qualities relate to the job requirements – see person specification on job description. You are welcome to also include examples of voluntary / unpaid work, which you feel support this. Please continue on a separate sheet if necessary. REFERENCES Please provide two referees with knowledge of your work / character. One should be your most recent employer. If one of your referees is a personal one, the referee cannot be related to you in any way. References are "in confidence". a) EMPLOYER NAME...... RELATIONSHIP TO YOU..... JOB TITLE..... ADDRESS..... ......Phone:.....

N OTHER REFERENCE			
b) OTHER REFERENCE NAME	DELATIONSHID TO VOLL		
JOB TITLE			
ADDRESS			
7,051,250			
E-Mail:			
INTERESTS C			
INTERESTS	A HODDIEG		
RIGHT TO W			
Are you legally entitled to work in the UK Yes/No We will require evidence of this prior to commencing employment.			
CRIMINAL RECORD	HEALTH		
Have you ever been convicted of a	For health reasons, do you require any		
criminal offence? Yes/No	adjustments for the interview and		
If YES, please give details:	selection process? Yes/No		
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	If YES, please give details:		
Declaration subject to the Rehabilitation of Offenders Act 1974:			
DATA PRO	TECTION		
The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.  I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.			
Signed	Dated		
UNDERTAKING			
Please read and sign the following undertaking: I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.			
Signed	Dated		
Note: We are an equal opportunities employer and will not tolerate discrimination in			
any form.			
Completed and signed application forms should be sent to: The Town Clerk, Bridport Town Council, Mountfield, Bridport, DT6 3JP. Tel: (01308) 456722 Will.Austin@bridport-tc.gov.uk			