

BICESTER TOWN COUNCIL

Application for the post of:	
Where did you see this post advertised?	

PLEASE WRITE IN CAPITALS IN BLACK INK

PERSONAL DETAILS			
Title: Mr/Mrs Miss/Ms/Dr		Are you aged between 16 and 65	Yes <input type="checkbox"/> No <input type="checkbox"/>
Surname		Forenames	
Full Address Including Postcode			
Home Tel No		Mobile No	
Email Address		NI Number	
If you can be contacted during the day by telephone please give number			
Are you related to any Elected Members or employees of Bicester Town Council?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please give name(s) and relationship			
Do you have a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes Licence Status	Full <input type="checkbox"/> Prov <input type="checkbox"/>
If you have a disability which you wish to be taken into account in the recruitment process, please give brief details on a separate page. You are not required to declare any disability that you may have at this stage of the recruitment process.			

Name of school, college, university, organisation etc.	Examinations taken or to be taken INCLUDING RESULTS (with grades) and details of any courses attended. You may be asked to produce evidence of examination results

PRESENT OR MOST RECENT EMPLOYMENT

Name of Employer			
Full Address of Employer including postcode			
Job Title			
Date of appointment		Present Salary	
Period of notice required (if applicable)		Reason for leaving (if applicable)	
Please give a brief description of your major duties and responsibilities:			

PREVIOUS EMPLOYMENT (most recent first)

Employer	Dates		Post Title and Nature of Duties
	From	To	

RELEVANT EXPERIENCE AND SKILLS

Using the person specification to guide you, please give details of any experiences and skills that you feel are relevant to the post. Include, if appropriate, details of experiences and skills gained in previous roles and any other areas such as temporary work, voluntary work, studies or spare time activities.

You may continue on a separate sheet if necessary

[Large empty box for writing relevant experience and skills]

MEMBERSHIP OF PROFESSIONAL BODIES You may be asked to produce evidence of membership

Institution or Society	Class of membership	Date obtained	State if by examination	Prizes or awards

REFERENCES

Please give the names and addresses of two people, who are not relatives and with whom you do not have or have not had a close personal relationship, one of whom should be your present employer, or last employer, if not currently employed. If you are a student, then your head teacher or tutor should be named.

May we contact this referee without further authority from you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee without further authority from you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name		Name	
Address		Address	
Tel No		Tel No	
Email Address		Email Address	
In what capacity does this person know you?		In what capacity does this person know you?	

DECLARATIONS

Rehabilitation of Offenders Act 1974. Candidates need not give details of spent offences except where the post is exempt from the Rehabilitation of Offenders Act 1974. If you are applying for a post which is exempt from the Rehabilitation of Offenders Act 1974 this will be specified in the job details and a criminal record check through the Criminal Records Bureau may be required before an appointment is confirmed.

Have you any unspent criminal convictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, please give brief details below:-
Date		Nature of offence
Court		
Sentence		

I understand that canvassing of any Members of Bicester Town Council in connection with any appointment shall disqualify the candidate.

I understand that a medical examination may be necessary in connection with this post and that appointment is subject to satisfactory medical clearance.

I declare that the information given in this application is to the best of my knowledge true and complete.

Data Protection Act 1998

Bicester Town Council will use the information you have given for recruitment and employment purposes and may, under its duty to protect the public funds it administers, use the information for the prevention, detection and investigation of fraud.

The Council will not share the information with any other organisation outside the Council unless it is permitted or required by law to do so, and will then act only in accordance with a procedure agreed with that other organisation.

By returning this form to the Council you consent to it processing sensitive personal data about you. You have the right to ask for a copy of the information we hold about you and to correct any inaccuracies in your information; we may charge a fee if you apply to do this. If you wish to obtain a copy of the information the Council holds you should write to the Town Clerk.

Signed _____

Date _____

Please return completed form, in an envelope marked **CONFIDENTIAL**, to:

The Operations Manager, Bicester Town Council, The Garth, Launton Road, Bicester, Oxon OX26 6PS

Receipt of this form will not be acknowledged unless you enclose a stamped addressed envelope or telephone for confirmation.

Closing date for applications is 12 noon, Friday 13th February 2015.