



Job Application Form

Post Applied for	Closing Date	Interview Date
Caretaker	13/02/2022	Wk/c 28 February 2022

Please complete this form fully in black ink or type. CVs are only accepted when submitted with a completed application. Applications received after the closing date will not normally be considered.

The information you provide in this form will be treated in confidence.

Personal details

Surname	
First Name(s)	
Address 1	
Address 2	
Address 3	
Postcode	
Preferred phone contact	
Email	

Do you hold a full clean driving licence Yes No

Do you need a work permit to work in the UK? Yes No

Please note: If you are successful, you will be required to provide relevant evidence of your qualifications, training and right to take work in the UK prior to your appointment.

Current or Most Recent employment

Name of Employer	
Address 1	
Address 2	
Address 3	
Postcode	
Post Title	
Department	
Dates of Employment	
Period of notice required	
Reasons for leaving	

Description of Duties

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Previous Employment (Please continue on a separate sheet or attach your CV for additional information.)

Name of Employer	
Address	
Post Title	
Dates of Employment	
Reasons for leaving	
Summary of Duties	
Name of Employer	
Address	
Name of Employer	
Address	
Post Title	
Dates of Employment	
Reasons for leaving	
Summary of Duties	
Name of Employer	

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Address	
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Education and Training

Schools, colleges, and universities attended. Please list highest qualification first

Name of School or College	Course	Qualifications and Grades

Please continue on a separate sheet or attach your CV for additional information.

Professional, Vocational or Technical Qualifications

Professional/Technical Qualifications	Course Details

Please continue on a separate sheet or attach your CV for additional information.

Please list Membership of any Professional/Technical Associations with the level of membership.

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Training and Development

Please give details of any non-qualification training and development you have undertaken in the past five years.

Professional, Vocational or Technical Qualifications

Title of Training Programme or Course	Duration of Course

Please continue on a separate sheet or attach your CV for additional information.

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Information in Support of your Application

Please use this section to explain in detail how you meet the criteria of the Person Specification and Job Description. (Please continue on a separate sheet if required.)

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References

Please give details of two people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission if you are the successful candidate.

Name	
Organisation	
Address inc. Post Code	
Post Title	
Work Relationship	
Telephone	
Email	

Do you give permission to obtain a reference from this referee? Yes No

Name	
Organisation	
Address inc. Post Code	
Post Title	
Work Relationship	
Telephone	
Email	

Do you give permission to obtain a reference from this referee? Yes No

Interview Arrangements and Availability

Are there any dates when you will not be available for interview in the next six weeks?

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When would you be able to start working for us?

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If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you in your application or with the recruitment process.

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Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and that providing deliberately false information could result in my dismissal.

Name	
Signature	
Date	

Return your completed application to:

By post

The Clerk to the Council
Gainsborough Town Council
Richmond House, Richmond Park
Morton Terrace,
Gainsborough
Lincolnshire
DN21 2RJ

Please mark your envelope "Private and Confidential"

By email:

townclerk@gainsborough-tc.gov.uk

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Diversity Monitoring Form

Gainsborough Town Council strives to being an Equal Opportunities Employer. The information you provide will support us to ensure that our recruitment processes are fair to all and allow us to attract diverse and talented candidates. You can select "prefer not to say" if you would rather not answer any question.

The information you provide in this section will:

- **not** be used as part of the selection process.
- **be separated** from the main body of your application on receipt.
- **only** be used for monitoring and statistical purposes. No information will be published which allows any individual to be identified.

What is your gender?

Male

Female

I prefer not to say

I self-identify as:

Disability

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes

No

I prefer not to say

If you have answered yes to the question above, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

Yes, a lot

Yes, a little

No

Ethnicity

Please choose one of the following options that most accurately describes your ethnic group or background.

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, please describe:

Mixed/multiple ethnic groups

White and Black Caribbean

Post Title:

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White and Black African
White and Asian
Any other Mixed/Multiple ethnic background, please describe:

Asian / Asian British

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background, please describe:

Black African/Caribbean/Black British

African
Caribbean
Any other Black/African/Caribbean background, please describe:

Other ethnic group

Any other ethnic group, please describe:

I prefer not to say

Age

What was your age group at your last birthday?

Under 18
18 to 25
35 to 54
45 to 54
55 to 64
65 or older
I prefer not to say

Sexual Orientation

Bisexual
Gay or lesbian
Heterosexual
Other, please describe

I prefer not to say

Religion or belief

Buddhist
Christian
Hindu
Jewish
Muslim
Sikh
Other, please describe
No religion or atheist
I prefer not to say

Post Title:

Closing Date: