

RUSHDEN TOWN COUNCIL

Completed application forms should be returned to:

The Town Clerk
Rushden Town Council
Rushden Hall
Rushden
Northants
NN10 9NG

Clerk@rushdentowncouncil.gov.uk

POST DETAILS

Post Title: Contracts/Assets Supervisor

PERSONAL DETAILS

Full Name: (Mr/Mrs/Miss/Ms/Other) _____

Address: _____

Do you hold a current full driving licence?
Yes
No

Do you own a car?
Yes
No

_____ **Post Code:** _____

Do you have any endorsements?
Yes
No

Phone Number _____

PRESENT EMPLOYMENT

Name of Employer: _____

Address: _____

Post Code: _____

Job Title: _____

To which Officer do you report? _____

Date Commenced: _____

How many staff (if any) report to you? _____

Current Salary and/or *Scale: _____

Period of Notice _____

**(Scale applies to Local Government employees only)*

Please give dates of any holidays booked: _____

EDUCATION, QUALIFICATIONS AND TRAINING *(You may be required to produce evidence of qualifications)*

Secondary School/College/University	Approximate Dates From To	Qualifications	Grade	Approximate Date

Membership of Professional Bodies: _____ Grade: _____ Date: _____

PREVIOUS EMPLOYMENT - MOST RECENT FIRST *(Please continue on separate sheet if necessary)*

Employer	Job Title	Approximate Dates From To	Salary	Reason for Leaving

INFORMATION TO SUPPORT YOUR APPLICATION *(Please continue on a separate sheet if necessary)*

Please use this space to summarise your present duties and to emphasise those elements of your experience and abilities, and any other information about yourself, which you feel are particularly relevant to the position applied for.

OUTSIDE HOBBIES, INTERESTS ETC

REFERENCES

Please provide the names and addresses of two referees - one of whom should be your present employer. References for short-listed candidates are taken up prior to interview unless you request otherwise.

Name: _____ **Name:** _____

Position: _____ **Position:** _____

Address: _____ **Address:** _____

_____ **Post Code:** _____ **Post Code:** _____

May we contact this referee prior to interview? Yes No *May we contact this referee prior to interview?* Yes No

Name by which known to your referee(s) (*eg maiden name*) _____

RELATIONSHIP TO ELECTED MEMBERS (ie COUNCILLORS) AND EMPLOYEES

Applicants for any appointment with Rushden Town Council are required to disclose any relationship which they may have with any elected representative ie Councillor or employee. "Relationship" includes by birth, marriage, partnership, friendship or business. It is a matter for the applicant to make an appropriate disclosure and failure to do so may disqualify an applicant.

I am/am not* related to any elected or prospective member or any person employed by Rushden Town Council.

If you are, please name relative/friend etc **Name:** _____

Relationship: _____ **Position:** _____

DECLARATION

I declare that the information given by me is true. I will not approach any elected members or officers of the Council in order to advance my appointment as I understand that this will disqualify me from consideration; other than if the advertisement invites me to contact a named individual to seek further details.

Signed: _____ **Date:** _____

EQUAL OPPORTUNITIES MONITORING

1. **Rushden Town Council** is committed to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, disability, sex or marital status, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.
2. **ALL** job applicants are asked to complete this form.
3. This form will be separated from the rest of your application before shortlisting takes place. The person/people carrying out the shortlisting process **WILL NOT** have access to this information.
4. If you wish to comment on the information sought please do so in writing to The Town Clerk, Rushden Town Council, Rushden Hall, Rushden, NN10 9NG

Post No: _____ **Post Title:** _____ **Date of Birth:** _____

Department: _____ **Age: Over 18** Yes _____
No

Surname: _____

Are you:-

Forenames: _____

- Male
- Female
- Other
- Prefer not to say

Do you have a physical or mental impairment which has a substantial and long term impact on your ability to carry out normal day to day activities?

- Yes
- No

Are you:-

- | | | |
|--|--|--|
| <input type="radio"/> White British | <input type="radio"/> Asian or British Asian Bangladeshi | <input type="radio"/> Black or British Black African |
| <input type="radio"/> Black or Black British African | <input type="radio"/> White – other background | <input type="radio"/> Asian or Asian British Pakistani |
| <input type="radio"/> Black or Black British Caribbean | <input type="radio"/> Asian or British Asian Indian | |
| <input type="radio"/> White Irish | <input type="radio"/> Other | |

If "Other", please specify _____