BIRCHWOOD TOWN COUNCIL

APPLICATION FOR EMPLOYMENT

Confidential

Please complete this form accurately, giving as many details as possible of your skills and experience relating to the job. Shortlisting will be based on the information gathered from the form, read in conjunction with the Person Specification.

Completed application forms should be signed and returned, either by post, marked 'Confidential' by Friday 16th February 2024, to the following address: Clerk to the Council, Birchwood Town Council, Parkers Farm, Delenty Drive, Birchwood, Warrington, WA3 6AN. Alternatively, signed documents can be scanned and emailed to us: clerk@birchwoodtowncouncil.org.uk by the same date.

| Position Applied For: | | |
|--|--|------------------|
| Job Title: | | |
| Personal Details: | | |
| Surname: | Previous Surname(s): | BULL BULL ASSET |
| Title: | First Name (s): | |
| Contact Details: | THE THE MENT OF THE STATE OF TH | |
| Address: | | |
| Town: | Postcode: | |
| Daytime Telephone Number (include STD code): Evening Telephone Number (include STD code): | - " | |
| Evening relephone Number (include 51D code): | Email: | |
| Driving Licence Details: | SECURITION OF SECURITION OF SECURITIONS OF SECURITI | |
| Do you hold a full current Licence? | Yes No | |
| | Yes No No No. Please also include any points on your licence and the reas | sons for them. |
| 5 18 18 18 18 18 18 18 18 18 18 18 18 18 | | |
| | | |
| | | |
| Current Employment Details: Title of present /most recent job: | | |
| Name and address of employer: | | |
| | | |
| Telephone No.: | | |
| Date Appointed: Current salary or at time of leaving: | Date left (if applicable): | |
| Reason for leaving (if already left): | | |
| 1990 AFG 71 | | |
| Employment History (prior to above): Employer: | Position hold and description of delice | |
| Employer. | Position held and description of duties | Dates from/to |
| | | Tioni, to |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Continued |

| Employment History (prior to above) continued: | | | | | |
|--|---|---|--|--|--|
| Employer: | Position held and description of duties | Dates | | | |
| | | from/to | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please continue on a separate sheet of paper if necessary. | | | | | |
| Education and Training (starting with most recent first): | | | | | |
| School/College/University or Training Provider | | Qualifications Gained or Course Studied | | | |
| | (include subject, dates and grades at | tained) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| Please continue on a separate sheet of paper if necessary. | | | | | |

| Experience/Skills: This section is for you to give specific information in support of your application. After reading t | he Joh De | escription | THE W | The less | A S |
|--|------------|-------------|----------|-----------|------------|
| and Person Specification, consider to what extent you have gained any skills or experience relevance relev | ant to the | post. | | | |
| some relevant experience may have been gamed from somewhere other than in paid employme | ent. | | | | |
| | | | | | |
| | | | | | |
| 241 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| References: | N STUE | | la Shapa | Ligora Vi | Sell Sells |
| Please give the name, address and position/occupation of two referees. One must be your prese | ent or mo | st recent e | mployer. | | |
| References will only be taken up for the successful candidate. Festimonials or references from friends and relatives are not acceptable, unless you have only w | orked for | one emplo | vee. | | |
| 1 Name: | | | | | |
| Position: | | | | | |
| Organisation: Address: | | | | | |
| Telephone No: | | | | | |
| 2 Name: | | | | | |
| Position: Organisation: | | | | | |
| Address: | | | | | |
| Telephone No: | | - | | | |
| riminal Convictions: | | | W 147 | | |
| Do you have any criminal convictions? | Yes | | No | | |
| yes, please give details on a separate sheet, this should exclude any spent convictions under ection 4 (2) of the Rehabilitation of Offenders Act 1974 | | | | | |
| dditional Information: | | NS) IT S | | | |
| s there anything concerning your medical history or state | Vac | | No | | |
| f health that is relevant to your application? | Yes | | No | ш | |
| lease tell us if: | | | | | |
| here are any reasonable adjustments we can make to assist you in your application here are any reasonable adjustments we can make to the job itself to help you carry it out | | | | | |
| there are any reasonable adjustments we can make to the job tisen to help you can't it out | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Additional Information (continued): | | | | 19 55 7 | |
|--|---------------|-------|----|---------|--|
| Are there any restrictions regarding your employment, for example, do you require a Work Permit? | Yes | | No | | |
| If yes, please supply details on a separate sheet of paper. | | | | | |
| How much notice do you need to give your currrent employer? | | | | | |
| Are you related to any Member / Officer of the Town Council? | Yes | | No | | |
| If yes, please state their name and your relationship to him / her. | | 10 | | _ | |
| Name: | Relationship: | | | | |
| Declaration: | | | | | |
| I can confirm that to the best of my knowledge, the above information is correct. | | | | | |
| I accept that providing deliberately false information could result in my dismissal. | | | | | |
| Signature: | | Date: | | | |
| | | | | | |