

APPLICATION FOR EMPLOYMENT

Please write clearly in black ink. Use an additional sheet were necessary.

PEF	RSONAL DETAILS	
Nar	ne :	
Add	dress:	
Cor	ntact Telephone No :	
Ema	ail Address :	
Do	you hold a Current Driving Licence	YES/NO
	you own any form of transport? o please specify	YES/NO
	you related to any Council Member or Employee? p please give details	YES/NO
(NB	: Failure to disclose such a relationship and/or canvass lication)	ing will disqualify you from th
Inte	rests outside work :	

Name of School, College, University, etc	From:	To:
Professional Qualifications currently held, gra	ade/level attained and	date achieve
Membership of Professional Bodies		
Please state level of membership and date achie	ved	
-		
Training Please give details of any training you have unde	ertaken that mav be of I	relevance to th
position applied for		

3.	EMPLOYMENT HISTORY
	PRESENT POST
	Title of Post :
	Salary/Grade :
	Business of Employer:
	Date commenced :
	Date ended (if applicable):
	Name & Address of Employer :
	Please outline responsibilities, to whom you are responsible and staff responsible to you (if applicable) :
	Reason for leaving or wishing to leave :
	Period of notice required to terminate present employment :

	PREVIOUS EMPLOYMENT (Please continue on separate sheets if necessary) Name & Address of Employer:		
	name & Address of Employer:		
	Position held :	From:	То :
	Reason for leaving and final salary:		
	Name & Address of Employer :		
	Position held :	From :	То :
	Reason for leaving and final salary:		
4.	RELEVANT EXPERIENCE Please say why you consider that you are a suitable of your experience and give details of any particle you consider relevant to this application, referring your response. (Please continue on separate sheet)	cular achievements or d to the Person Specifica	listinctions which
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5.	OTHER INFORMATION		
	Health Please state the number of days sickness absence in the last 2 years:		
	Disability		
	If you have a disability please tell us about any adjustments we may need to make to assist you with selection process.		
	Rehabilitation of Offenders		
	Have you ever been convicted of or are you currently charged with any criminal office (other than a conviction spent under the provisions of the Rehabilitation of Offenders Act 1974)		
	YES/NO		
	If Yes please give details :		
6.	REFERENCES		
	Names and addresses of two referees, one of whom should be a current or recent employer:		
	Name :	Name :	
	Address:	Address:	
	Tal No.	Tal Na	
	Tel No:	Tel No :	
	Email:	Email:	
	References maybe taken up prior to intervi	iew	

7.	DECLARATION	
	I declare that the information is true and correct	
	Signed :	Date :
	Please return the completed application form to: The Town Clerk, Chichester City Council, The Council House, North Street, Chichester, PO19 1LQ	
	Closing date for applications: Friday 14th January 2022	
	Interviews will be held week commencing Monday 17 th Janu	ary 2022