

Town Clerk
2000 Centre
St Johns Road
Hedge End
Southampton SO30 4AF

Phone: 01489 780440
Fax: 01489 799984
E-mail: townclerk@hedgeend-tc.gov.uk
Web: www.hedgeend-tc.gov.uk

CONFIDENTIAL
Application Form
Post Applied for: Youth Worker (part-time)

Closing date for applications: 3 May 2021

Surname:	Forenames:
Address:	
Date of Birth:	Nationality:
Tel Numbers: Home: Work: E-mail:	National Insurance Number:

Education

Dates	School	Qualifications

Further and Higher Education

Dates	College/University	Qualifications

Vocational Training

Dates	College/Training Base	Subjects/Qualifications

Other Training

Dates	College/Training Base	Subjects/Qualifications

Employment History *(most recent first)*

Dates	Employer	Job Details	Reason for leaving

Outside Interests

Please give details below of your outside interests and hobbies, including any positions held.

This section is for you to give specific information in support of your application. Please set the information out below and continue on a maximum of two sides of A4 paper. Consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application.

General Information

<p>Have you previously applied for work with the Town Council? If so, please give details and dates.</p>	
<p>Are you related to any Councillor or member of staff at the Town Council? If so, please give details.</p>	
<p>Do you have any criminal convictions? If yes, please give details on a separate sheet but should exclude spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.</p>	
<p>Do you have a current clean driving licence?</p>	
<p>Do you have access to a vehicle?</p>	
<p>How did you hear of this vacancy?</p>	
<p>If you were offered the post, when could you start work? How much notice must you give?</p>	
<p>Is there anything concerning your medical history or state of health relevant to your application you wish to declare? If you answer yes, please refer to the Equality of Opportunity questionnaire.</p>	
<p>Are there any restrictions regarding your employment? For example, do you require a Work Permit? If you answer yes, please provide details on a separate sheet of paper.</p>	

REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from relatives are not acceptable and the personal referee must have known you for at least five years.

--	--

By signing and returning this application form you consent to Hedge End Town Council using and keeping information about you provided by you or third parties such as referees relating to your application or future employment. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability. These will be used solely for internal monitoring and for no other purpose.

I confirm that the information supplied in this application is true and correct to the best of my knowledge and belief. I understand that should my application be successful and it is proved I have given false information, my employment will be terminated with immediate effect.

.....
Signed

.....
Date