



**CLUN TOWN COUNCIL
WITH CHAPEL LAWN**

EMPLOYMENT APPLICATION FORM

Please complete the relevant parts of this form. CVs may be attached to provide further information.

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname/Family name	Initials	Known As
Contact Tel No.		
Email Address:		
Correspondence Address	National Insurance Number	
	Do you hold a current driving licence? YES/NO	
	Date obtained:	
Postcode	Type of licence held	
<p>Under the Equalities Act 2010*, do you consider yourself to have a disability? YES/NO</p> <p>If you are shortlisted for this post, you will be given the opportunity to tell us about any reasonable adjustments that need to be made during the recruitment process. This information should be provided separately from the application form but included with it when returning it to the Council.</p> <p>-----</p>		
<p>*The Equality Act 2010 states that the protected characteristic of disability applies to a person who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.</p>		

4. PREVIOUS/CURRENT EMPLOYMENT/EXPERIENCE

Starting with the earliest please list previous experience. All time since leaving full time education should be accounted for. Additional sheets may be added.

Name and address of Employer	Post Title/Brief outline of duties (including Salary/Grade)	Dates	Reason for leaving

5. DETAILS OF CURRENT EMPLOYMENT AND SUPPORTING STATEMENT

Please set out below any further information which you feel supports your application, including any other experience that you feel is relevant to your application.

Use a separate sheet if necessary, ensuring that each additional sheet bears your name, and the title of the post for which you are applying. You may attach a copy of a CV but please highlight clearly those parts which you believe are relevant.

8. DETAILS IF ANSWERED YES IN CRIMINAL CONVICTIONS

Attach additional numbered sheets if necessary and state the total number of sheets attached here.

9. YOUR SIGNATURE

Signature: _____

Date: _____