Lyme Regis Town Council



Job Application Form

Please send completed application form to: Adrianne Mullins, support services manager, adrianne.mullins@lymeregistowncouncil.gov.uk, or Lyme Regis Town Council, Guildhall Cottage, Church Street, Lyme Regis, Dorset, DT7 3BS

Vacancy Details

Job Title	Evening Seafront Attendant	Post No.	220
Closing Date	Midday, Tuesday 16 May		

Personal Details

First Name:	Surname:
Title:	
Home Address:	Telephone Numbers/Email Addresses: Home:
	Work:
	Mobile:
	Email:
Postcode:	Can we contact you at work? Yes/No
NI Number:	Valid Driving Licence: Yes/No/Provisional
	Car Owner: Yes/No
Are you related to or are you the spouse/partner Council? Yes/No	of any councillor or employee of Lyme Regis Town

If yes, please give details:

Education and Training (please continue on a separate sheet if necessary)

From:	To:	School/College/University	Qualifications attained with
		attended: (most recent first)	grades:

Please indicate all previous positions held including any with Lyme Regis Town Council

Present/Most Recent Position:		Present Employer:		
			Location:	
Date starte	ed:	Current salary and any benefits:	Reason for wishing to leave:	
			Please state the period of notice you are required to give in your present job:	
From:	То:	Previous Position:	Employer and Location:	Reason for leaving:

Information in support of your application

This should include the following:

1. Reasons for this application

2. How your skills, experience and personal qualities relate to the job requirements (see job description). You are welcome to also include examples of any voluntary/unpaid work which you feel support this. Please continue on a separate sheet if necessary.

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References

Please provide two referees with knowledge of your previous work/character. One must be your most recent employer. If you have worked for them for less than six months, the second referee must be another previous employer. If one of your referees is a personal one, the referee cannot be related to you. **References are in confidence.**

1.	
Name:	Relationship to you:
Job Title:	
Address:	
Address.	
Phone Number:	
Fax Number:	
Email Address:	
Can we contact this referee prior to the interview? Yes/No	
2.	
Name:	Relationship to you:
Job Title:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
Can we contact this referee prior to the interview? Yes/No	
Please indicate any spare time activities or interests:	
Flease indicate any spare time activities of interests.	

I understand that any offer of employment will be subject to the information given on this form being correct and any appointment may be subject to a satisfactory medical report and references. I understand that the data on this application form will be processed in accordance with the Data Protection Act 1998 and I give my consent to this. Data may therefore be passed on to other members of the council who may require my information for legitimate business purposes.

Signed	Dated