

## APPLICATION FORM

To be returned to:

Clerk to Leek Town Council

15 Stockwell Street, Leek, ST13 6DH

or email: [office@leektowncouncil.gov.uk](mailto:office@leektowncouncil.gov.uk)

<b>Post</b>
<b>ADMINISTRATIVE ASSISTANT TO LEEK TOWN COUNCIL</b>
<b>CLOSING DATE: Friday 2<sup>nd</sup> July 2021</b>
<b>Interviews: Week commencing 19<sup>th</sup> July 2021</b>

Information may be copied and stored on a database and used during the recruitment process, or used to form part of the personnel file if successful.

### 1. PERSONAL DETAILS

<b>Surname</b> (last name)	
<b>Other names</b>	
<b>Title</b>	Miss / Mr / Mrs / Ms / other
<b>Address</b>	
<b>Telephone</b> Home Mobile Work	
<b>Email address:</b>	
<b>National Insurance number</b>  NB: proof of entitlement to accept employment in the UK will be required if successful.	

## 2. PRESENT EMPLOYER

<b>Name and address of current employer</b>	
<b>Job title</b>	
<b>Date commenced</b>	
<b>If relevant: Present salary or salary range</b>	
<b>To whom do you report? (Job Title)</b>	
<b>What period of Notice is required?</b>	
<b>Please outline your main tasks, responsibilities and achievements</b> (please continue on a separate sheet if necessary)	

**3. OCCUPATIONAL HISTORY** (Most recent first)  
(Please continue on a separate sheet if necessary)

Employer's Name/Address	Start date	End Date	Job Title and main tasks

**4. DETAILS OF JOB -RELATED TRAINING** (in the past 3 years)

<b>Course title</b>	<b>Organised by</b>	<b>Date attended</b>

**5. SECONDARY / FURTHER / HIGHER EDUCATION ATTENDED** (in date order)

<b>Name of establishment</b>	<b>From</b>	<b>To</b>	<b>Qualification(s) awarded (Subject and level)</b>	<b>Date of award</b>

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**6. PROFESSIONAL QUALIFICATIONS** and membership of professional bodies.

Professional Body	Qualification	Date awarded

**7. HOBBIES AND OTHER INTERESTS**

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**8. WHY ARE YOU APPLYING FOR THIS POST AND WHAT CAN YOU OFFER IN TERMS OF YOUR ABILITIES / SKILLS / EXPERIENCE/ ACHIEVEMENTS?**  
(Please continue on another sheet if necessary)

## 9. REFERENCES

Please give the names and address of two referees. One should be your current, or most recent employer.

IF YOU DO NOT WISH US TO CONTACT THE REFEREES BEFORE FURTHER DISCUSSION WITH YOU, PLEASE TICK THIS BOX

<p>1.</p>     <p>Telephone:</p> <p>Email:</p> <p>Relationship:</p>	<p>2.</p>     <p>Telephone:</p> <p>Email:</p> <p>Relationship:</p>
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Leek Town Council is an Equal Opportunities employer and confirms its commitment to equality of opportunity in all areas of its work. All individuals will be treated in a fair and equal manner in accordance with the law regardless of gender, marital status, race, religion, colour, age, disability or sexual orientation.

I CONFIRM THAT THE INFORMATION GIVEN BY ME ON THIS FORM AND ANY ADDITIONAL MATERIAL IS CORRECT.

I UNDERSTAND THAT ANY FORM OF CANVASSING WILL LEAD TO DISQUALIFICATION.

SIGNATURE OF APPLICANT:

DATE: