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**Application Form**

**Administration Assistant**

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| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**Please note that the closing date for this job vacancy is **Monday 15th August 2022 at 12.00pm.**Interviews will take place on **Wednesday 24th August 2022,** should your application be shortlisted. |

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| Section 1 Personal details |

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| --- | --- | --- | --- |
| Title: |  | Last Name: |  |
| First Names: |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| E-mail address: |  |
| Date of Birth: |  |
| NI Number: |  |
| Are you eligible to work in the UK? (Please Circle) | Yes |  | No |  |
| Do you hold a full UK driving license? (Please Circle) | Yes |  | No |  |
| If yes, Do you have any points or convictions etc?  |
| What is your notice period for your current job?  |
| Earliest available start date:  |
|  |

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| **Section 2 Education & Training** |

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| --- | --- | --- | --- |
| Date From | Date To | Name of School/ College/University | Qualifications Gained: |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Are you currently undertaking study/training? |  Yes No |
| Course / Training Details (Please State): |  |
| Full/Part Time (Please State): |  |
| Estimated Completion Date: |  |

RE

VIOUS EMPLOYMENT

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| **Section 2 Cont. Additional Training (Must be Relevant to Post)** |

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| --- | --- | --- |
| **Name of Training/Course:** | **Duration:** | **Date Obtained:** |
|  |  |  |

**Please list chronologically, starting with current or last employer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Employer:** | **Date From:** | **Date To:** | **Job Title & Brief Description of Main Duties and Responsibilities:** | **Salary and Reason for Leaving:** |
|  |  |  |  |  |

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| **Section 3 Cont. Suitability for this Post** |

Please Note: We will seek to match the information you provide against the job description / person specification. Therefore, you should ensure that you address each point identified in the job description / person specification and provide evidence of relevant experience and skills, including areas other than paid work.

**Please state why you think you are suitable for this post:**

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Please Note: If additional paper is needed, please attach to the application ensuring your name is clearly visible on each sheet.

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| **Section 4 DBS Information** |

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| --- | --- | --- | --- | --- |
| The post you are applying for may be subject to an order under Section 4(4) of the Rehabilitation of Offenders Act 1974, as amended by the Protection of Freedom Act 2012. Applicants are therefore not entitled to withhold information about convictions which, for other purposes are spent under the provisions of the Act. If you are to be recommended for the post, you may be subject to a Disclosure and Barring Service check. This will be an enhanced disclosure. You must, therefore, disclose any convictions, cautions, warnings, reprimands, binding over or other orders, pending prosecutions or criminal investigations. Failure to disclose this information could result in the withdrawal of a job offer, dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which an order applies

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| --- | --- |
| Having read the above DBS statement, do you have any convictions to declare? (Please Circle) | Yes No  |

If you have convictions to declare, please confirm the details below:

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| **Section 5 References** |

Please give the names and addresses of **two references**. Ideally these should both be employment. If you are unable to do this, please clearly outline who your 2nd referee is. (NB. References will only be taken if you commence employment with us) |

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| --- | --- | --- |
| Reference 1 (Must be Employment) |  | Reference 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | Work Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | Organisation: |  |
| Dates Employed: | From: | To:  | Dates Employed: | From:  | To:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
| Postcode |  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | Telephone No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | E-mail: |  |

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| **Section 6 Declaration** |
| I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.  |
|  | Signed: |  | **Date:** |  |
| Ripley Town Council confirm that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018.  |

**Please return your completed application along with your equal opportunities monitoring form to the following address:**

**Town Clerk
Ripley Town Council**

**6 Grosvenor Road**

**Ripley**

**DE5 3JF

Or email to:** **townclerk@ripleytowncouncil.gov.uk**