

Assistant Clerk Application Form

Personal Details						
First Names		Surname				
Date of Birth		National Insurance Number				
Address						
Postcode		Phone Number				
E-mail Address						
Current or most recent en	ployment					
Position		Dates Employed (From and To, Month and Year)				
Name and Address of Emplo	oyer					
Main Responsibilities						
Relevant Experience						
Details of any experience, qualifications or training relevant to this job.						
Dates Details						
Getting Around		_				
(delete as appropriate)						
Do you have transport of your own? Scooter / Push Bike / Car						
Do you have a full driving lice	nce? Yes / No					

Availability							
Monday	Early	Mornings	Afternoons	Evenings			
Tuesday	Early	Mornings	Afternoons	Evenings			
Wednesday	Early	Mornings	Afternoons	Evenings			
Thursday	Early	Mornings	Afternoons	Evenings			
Friday	Early	Mornings	Afternoons	Evenings			
Can you work at weekends?							
Saturday	Always	Sometimes	Never				
Sunday	Always	Sometimes	Never				
References							
Please supply the name, address and telephone number of two referees. (one must be your present – or most recent – employer and the other should be, where possible, a previous employer) Name Job Title							
Address			Telephone				
E-mail							
Name			Job Title				
Address			Telephone				
E-mail							
Please note by entering their details you consent to your referees being approached after the interview.							
I declare that the information given on this form is, to the best of my knowledge, true and complete. I understand that false statement may be sufficient for my rejection or, if employed, dismissal.							
Signature			Date				

Please return this form, with your CV and Covering Letter, to the Clerk to the Parish Council, Applications should be marked confidential and for the attention of the Parish Clerk.