

ROGERSTONE COMMUNITY COUNCIL

JOB APPLICATION FORM

JOB TITLE	WARDEN
CLOSING DATE	30.11.26 (APPLICATIONS NOT ACCEPTED AFTER THIS DATE)

PRIVATE & CONFIDENTIAL

The information requested in this form is important in assessing your application. Please complete it accurately and in full. To help reduce our costs, we do not automatically acknowledge receipt of application forms or write to applicants not selected for an interview. If you have heard nothing within 6 weeks of the closing date, please assume that your application has been unsuccessful.

PERSONAL DETAILS

SURNAME	
FORENAME/S	
DATE OF BIRTH	
NATIONAL INSURANCE NUMBER	
ADDRESS	
POST CODE	
HOME TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	

PRESENT/MOST RECENT EMPLOYMENT

NAME & ADDRESS OF CURRENT EMPLOYER	
JOB TITLE	
DATE OF EMPLOYMENT FROM/TO:	

BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES	
REASON FOR WANTING TO LEAVE	
HOW MANY EMPLOYEES DO YOU SUPERVISE?	
SALARY/WAGE	
OTHER FINANCIAL BENEFIT	
DESIGNATION OF IMMEDIATE SUPERVISOR	
PERIOD OF NOTICE	

PREVIOUS EMPLOYMENT

PLEASE ENTER EARLIEST FIRST AND INCLUDE ANY TEMPORARY, UNPAID AND VOLUNTARY WORK EXPERIENCE.

FROM - TO	EMPLOYER	JOB TITLE & GRADE	WAGE/ SALARY	REASON FOR LEAVING

TRAINING COURSES

ATTENDANCE AT TRAINING COURSES RELEVANT TO YOUR EMPLOYMENT

ORGANISING BODY	COURSE TITLE	DURATION	DATE

PROFESSIONAL MEMBERSHIP

MEMBERSHIP OF PROFESSIONAL BODIES

BODY	GRADE OF MEMBERSHIP	WHETHER BY EXAM	DATE

OTHER RELEVANT INFORMATION AND EXPERIENCE

THE INFORMATION YOU PROVIDE IN THIS SECTION IS IMPORTANT IN ASSESSING YOUR APPLICATION. PLEASE USE THIS SPACE TO STATE YOUR REASONS FOR APPLYING FOR THE POST, RELATING TO YOUR SKILLS, EXPERIENCE AND PERSONAL QUALITIES TO THE REQUIREMENTS OF THE JOB.

If you require more space, please attach a separate sheet; please DO NOT enclose a CV.

MISCELLANEOUS

ARE YOU RELATED TO ANY MEMBER OF THE COMMUNITY COUNCIL?	
IF SO, PLEASE STATE NAME & RELATIONSHIP	
PLEASE GIVE DETAILS OF ANY DATES DURING THE NEXT 4 WEEKS WHEN YOU WOULD NOT BE AVAILABLE FOR AN INTERVIEW	
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE?	

IF YES, PLEASE GIVE DETAILS EXCEPT SPENT CONVICTIONS UNDER THE REHABILITATION OF OFFENDERS ACT	
DO YOU HOLD A CURRENT FULL CLEAN DRIVING LICENCE?	

REFERENCES

PLEASE GIVE THE NAMES OF TWO PERSONS TO WHOM REFERENCE MAY BE MADE IN RESPECT OF YOUR APPLICATION. THE FIRST SHOULD BE FROM YOUR LAST EMPLOYER (OR HEAD TEACHER IF A SCHOOL LEAVER). REFEREES ARE ONLY CONTACTED IF CANDIDATES ARE TO BE INTERVIEWED, BUT IF YOU DO NOT WISH A REFEREE TO BE CONTACTED UNTIL AFTER A PROVISIONAL OFFER OF EMPLOYMENT IS MADE, MARK YOUR REFEREES NAME WITH A LARGE ASTERISK.

THE COUNCIL RESERVES THE RIGHT TO CONTACT ANY PREVIOUS EMPLOYER

NAME	
POSITION	
ADDRESS	
TELEPHONE NUMBER	
NAME	
POSITION	
ADDRESS	
TELEPHONE NUMBER	

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, THAT I HAVE NOT CANVASSED (EITHER DIRECTLY OR INDIRECTLY) ANY MEMBER OR SENIOR OFFICER OF THE COUNCIL AND WILL NOT DO SO.
SIGNED:
DATE:

THIS FORM SHOULD BE RETURNED VIA E MAIL TO ROGERSTONECC@GMAIL.COM OR
BY POST TO:
ROGERSTONE COMMUNITY COUNCIL
TYDU COMMUNITY HALL
WELFARE GROUNDS
TREGWILYM ROAD
ROGERSTONE
NEWPORT
GWENT
NP10 9EQ