**Gladestry Community Council Vacancy**

*Complete this form online, then save it to your computer and email it to* *clerk@gladestery.org.uk*

|  |
| --- |
| **Job Title:** Community Council Clerk**Closing Date:** May 10, 2024 |

**Personal Details**

|  |
| --- |
| Forename:       Surname:       Address 1:       Daytime tel:      Address 2:       Evening tel:       Address 3:       Mobile tel:       Postcode:      [ ]  Should the selection process require interviews, disabled applicants who provide some evidence of relevant experience for the post are guaranteed an interview Please tick this box if this applies to you.  |

**Employment Details**

|  |
| --- |
| Current or most recent employer: Organisation:      Contact name:       Tel:      Email:      Brief description of duties undertaken:     Length of time employed:       |

**Relevant experience**

|  |
| --- |
| Using the “Main Duties of the Clerk” information sheet, please describe examples of how you feel you meet the requirements of the post. (Continue on a separate sheet if necessary.)      |

**Information in support of your application**

|  |
| --- |
| Please provide any further information which you think is relevant to your application for this post. (Continue on a separate sheet if necessary.)      |

**References**

|  |
| --- |
| Names and contact details of two persons to whom the Council may refer regarding personal character, capabilities, experience, etc (one of which must be from your present employer, if applicable).Name (1):       Name (2):      Company:       Company:       Address:       Address:      Postcode:       Postcode:      Postcode:       Postcode: Tel:       Tel: Email:       Email:  |

**Criminal Convictions** (Information provided here will be strictly confidential.)

|  |
| --- |
| Have you ever been convicted of any criminal offence other than “spent convictions” as defined in the Rehabilitation of Offenders Act 1974 or do you have changes pending?[ ]  Yes [ ]  NoIf yes, please give details:      |

**Relationships with Councillors or Senior Officers**

|  |
| --- |
| Are you related to a Community Councillor? [ ]  Yes [ ]  NoIf “Yes” state name of Councillor:       |

**Declaration/Confirmation of Details**

I declare that to the best of my knowledge the information I have given is correct, and I understand that canvassing of Councillors or Officers of the Council will disqualify me from appointment. In addition, I hereby authorise a police check under the provision of the Rehabilitation of Offenders Act 1974 (Exception) (amendments) Order 1986 if applicable.

Signed (please print your name here):

Date: