

# North Thoresby, Grainsby & Waithe

## Parish Council

North Thoresby Village Hall,  
The Square,  
North Thoresby,  
DN36 5QL



### Personal details

Surname:	First name & Title:
Address:	Telephone:  Mobile phone:  Email:  National Insurance Number:
Do you require a work permit to take up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible for employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you hold a current UK driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any driving offences current or outstanding? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of any unspent criminal convictions that you may have (in accordance with the Rehabilitation of Offenders Act 1974)	
If offered this position will you continue to work in another capacity? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please give details

### **Employment History**

Please tell us about your past employment in reverse chronological order, starting with your present (or last) position. Please continue on a separate sheet(s) if required.

**Name and Address of Employer:**

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Date Joined:

Date Left:

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Job Title:

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Duties and responsibilities:

Type of Business:

Salary:

Reason for leaving:

**Name and Address of Employer:**

Date Joined:

Date Left:

Job Title:

Duties and responsibilities:

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Type of Business:

Salary:

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Reason for leaving:

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**Name and Address of Employer:**

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**Date Joined:**

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**Duties and responsibilities:**

**Type of Business:**

**Salary:**

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**Reason for leaving:**



**Name and Address of Employer:**

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Date Joined:

Date Left:

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Job Title:

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Duties and responsibilities:

Type of Business:

Salary:

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Reason for leaving:

### Education and Qualifications

Date From - To	Name of School/College	Qualification Gained

### Training & Experience – Please list any relevant Training Courses


**Experience – Please tell us about any experience you feel is relevant to your application.**



**Illness/Accidents**

Do you consider yourself to have any disabilities?

If yes please give details (this will enable the Council to make reasonable adjustments to help accommodate you).

**Hobbies and interests**

Please tell us about your main hobbies and interests

**Please tell us about any other outside interests or any other information that you feel supports your application:**

**Additional Competency questions**

Please tell us about a time when you have had to deal with conflict and what was the outcome?

Is there anything you would have done differently?

Please tell us how you ensure you effectively work as part of a team:

Please give an example of a successful negotiation you have taken part in:

Please describe a time where you improved a business process or Council procedure. What did you do and what was the outcome?

**References:**

Please supply us with the names and addresses of two referees. One should be your present or last employer where possible.

Name	Name
Address	Address
May we approach them now Yes <input type="checkbox"/> No <input type="checkbox"/>	May we approach them now Yes <input type="checkbox"/> No <input type="checkbox"/>

**Are you related to any employee or elected Member of the Council?** Yes ☐ No ☐

If yes please give details:

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**IMPORTANT NOTICE**

**Failure to answer all the questions on this application or failure to reveal information which may influence a decision on whether or not to employ you will automatically invalidate the**

application and any offer of employment. Where employment has commenced, this could lead to dismissal.

**Declaration**

I, the undersigned, declare that the information given by me on this application and any other form (including at interview) to the best of my knowledge is correct, and that I have not knowingly withheld any fact or circumstance which, if disclosed, would influence a decision to employ or not employ me.	
Signature:	Date:

**Please feel free to continue on separate sheets of paper**

**This document is downloadable for you to edit freely.**

Please return this completed form to: [cllr.lynne.gale@norththoresby-pc.gov.uk](mailto:cllr.lynne.gale@norththoresby-pc.gov.uk)