

Wargrave Parish Council

Council Office, The Pavilion, Recreation Road, Wargrave, Reading, RG10 8BG

Telephone/Fax ~ 0118 9406084

Email ~ office@wargrave.org.uk

APPLICATION FOR EMPLOYMENT

Position - **Cleaner**

Closing date for applications - 31st August 2017

- + Please use **black** ink and CAPITAL LETTERS when you fill in this form.
- + Where tick boxes appear, please tick all those that apply.
- + Please continue on a separate sheet if necessary
- + If you have any questions, please telephone the number above.
- + Please return the completed form to the address above.

Personal Details

1 Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other <input type="checkbox"/>	<input type="text"/> <i>Please specify</i>		
2 First name(s)	<input type="text"/>			
3 Surname	<input type="text"/>			
4 Address	<input type="text"/>			
5 Daytime telephone number <i>(please include STD code)</i>	<input type="text"/>			
6 Evening telephone number <i>(please include STD code)</i>	<input type="text"/>			
7 Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			

8 Do you require any particular arrangements for an interview ?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes
<input type="text"/> <i>Please give details</i>
9 Do you have a driving licence ?
<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Do you own a computer ?
<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Are you related to any member or employee of the Parish Council ?
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> No
<input type="text"/> <i>Please give details</i>

12 Please give details of:

a) The educational qualifications you have achieved.	b) Apprenticeships or training you have completed
c) Courses you have attended.	d) Any other skills which may be relevant to the work

13 Please give details of your work history over the last five years

Name of employer	Date		Brief details of duties	Reason for leaving
	From	To		

14 What are your hobbies/interests ?

15 If there are any other facts that you think will be useful when we consider your application please list them

16 If you have a referee(s), please give their name(s) and address(es) below

1	2
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17 How soon can you start work ?

Declaration

To the best of my knowledge, the information given on this form is correct.

Signed

Date