



# SEAHAM TOWN COUNCIL

## APPLICATION FORM

### APPOINTMENT OF LABOURER

#### SECTION 1 – PERSONAL DETAILS

Forenames:	Surname:
Address:	Title:
Telephone numbers: Daytime No: Evening No: Mobile: Email:	Current Driving Licence      YES/NO
Car Owner      YES/NO	

Are you related to any officer, employee or Councillor of Seaham Town Council? YES/NO

If the answer to the above question is yes, please state the name and position of the person to whom you are a relative and your relationship to them (e.g. *uncle, aunt, mother, father, sister, brother*).

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#### SECTION 2 – REFERENCES

Please give two referees who can comment on your professionalism/work ability, one of whom should be your present/most recent employer.

(a) Present/Most Recent Employer

Name .....

Address .....

Position .....

(b) Second Referee

Name .....

Address .....

Position .....

References will normally be taken up for shortlisted applicants. Please indicate if this is not convenient.

Reference (a)            YES/NO                      Reference (b)            YES/NO

**SECTION 3 – PRESENT EMPLOYER**

Name & Address of Employer .....

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Position held .....

Date Commenced .....

Current Salary .....

Notice Required .....

Summary of Main Duties and Responsibilities .....

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**SECTION 4 – PREVIOUS EMPLOYMENT (Last dates first)**

From	To	Employer & Position Held	Final Salary/Scale	Reason for Leaving

**SECTION 5 – EDUCATION & TRAINING**

Secondary/Further/University

<b>Date From</b>	<b>Date To</b>	<b>Courses Taken &amp; Grades/Results</b>

Other Professional Training Relevant to this Post

<b>Date From</b>	<b>Date To</b>	<b>Qualification &amp; Results</b>

## **SECTION 6 – RELEVANT SKILLS/EXPERIENCE**

Please give details of any achievements, ability and knowledge in particular areas of work experience which you feel are relevant to the post (include an extra page if required), please refer to the person specification

**SECTION 7 – EQUALITY ACT 2010**

Do you consider yourself as a person with a disability under the above Act? YES/NO

If YES please detail any specific requirements to assist you with an interview

**SECTION 8 – REHABILITATION OF OFFENDERS**

Have you any criminal convictions, cautions, warnings or final reprimands which are not regarded as “spent” under the Rehabilitation of Offenders Act, 1974? YES/NO

If YES describe the offence and date of conviction

Failure to disclose any convictions which are not “spent” may render you liable for dismissal.

**SECTION 9 – DECLARATION**

The details on this application form are, to the best of my knowledge, correct. I recognise that the deliberate withholding or falsification of information could lead to disqualification of my application, or dismissal if appointed. Any canvassing of members of the Council will disqualify my application.

Signature of applicant..... Date .....

**PLEASE BE ADVISED THAT ANY DIRECT OR INDIRECT CANVASSING OF MEMBERS OR OFFICERS OF THE AUTHORITY WILL IMMEDIATELY DISQUALIFY APPLICANTS**

**Please return your completed application form to:-**

**Seaham Town Council  
Town Hall  
Stockton Road  
Seaham  
Co. Durham  
SR7 0HP  
Or by email to [info@seaham.gov.uk](mailto:info@seaham.gov.uk)**