



# CHIPPENHAM TOWN COUNCIL

The Town Hall, High Street, Chippenham, Wiltshire, SN15 3ER

Tel: (01249) 446699 Fax: (01249) 443145 Email: enquiries@chippenham.gov.uk

## POSITION APPLIED FOR:-

### SECTION A

### *Personal Details*

Title: (Mr/Mrs/Ms/Miss)

Surname

Address

First Name/Initial(s)

Post Code

Date of Birth

Telephone Number: Home

Business

Ext.

### SECTION B

### *Education and Qualifications*

Schools attended

From/To

Subjects/Examinations

Grade

Date

from age 11

Colleges/Universities

From/To

Subjects/Examinations

Grade

Date

**SECTION C*****Membership of Professional Institutions*****Institution and class of membership****Year of election**  
indicate, if by examination**SECTION D*****Employment/Work Experience*****Present Employer****Position Held and Duties****From****Grade****Salary****Previous Employers(s)**

(most recent first)

**Position Held and Duties****From/To****Grade/  
Salary****Reason for  
Leaving**

**SECTION E*****Experience***

Please give details of your skills, experience and training which you consider are relevant to the appointment together with any other information to support your application.

Continue on separate sheets(s) if necessary



## SECTION H *References*

Please give names and addresses of two referees (not relatives), one of whom must be your present or most recent employer or school or college official if you have not been previously employed.

**Name:**

**Name:**

**Address:**

**Address:**

**Post Code:**

**Post Code:**

In what capacity is this person known to you?:

In what capacity is this person known to you?:

If you do not wish your present employer to be contacted before interview please cross box

## SECTION I

### *Other Information*

From what source did you learn of this vacancy?

#### **Medical History**

Have you had an illness / accident in the last two years resulting in an absence from work for over two weeks?

The successful applicant will be required to complete a medical questionnaire to determine eligibility for appointment and may also be required to undergo a medical examination.

## DECLARATION

In accordance with the local government conditions of service you are required to provide the following information:

1. Are you related to any elected member or senior officer of Chippenham Town Council?

Yes  No

2. If the answer is yes, please state the name of the member or senior officer and your relationship to him / her.

I confirm that the particulars and information given in this application are correct and that I have not canvassed any elected member or senior officer of Chippenham Town Council in relation to this appointment.

Signature \_\_\_\_\_

Date \_\_\_\_\_