### CYNGOR CYMUNED LLANGYNNWR



#### **LLANGUNNOR COMMUNITY COUNCIL**

## **Application Form**

| APPOINTMENT OF  | Cierk & Responsible Financial Officer  |   |   |   |                      |
|---|--|---|---|---|----------------------|
| 1. Personal Details   | <b>S</b>   |   |   |   |                      |
| Surname   |  |   | Title   |   |                      |
| Forenames (in full)   |  |   |   |   |                      |
| Home Address with Postcode  |  |   |   |   |                      |
| Home Telephone No   |  |   | Mobile<br>Telephone No  |   |                      |
| marital status, religion<br>all the questions in th<br>the end of the form to<br>please contact <b>Clir Jer</b> | n, belief or sexual orient<br>is form honestly and to<br>o provide the best chain<br>ony Slate on 07717 412<br>any continuation shee   | ntation or ruthfully ance of obtaining. | any other protect<br>and read and sign<br>taining an intervie | sability, age, trade union acti<br>ted characteristic. Please ans<br>the declaration and consent<br>ew. If you require any assista<br>form in full in black ink and | wer<br>ts at<br>nce, |
|   | t you will be asked to property of the second of the secon |   | •   | •   | ٦                    |
| Trease give details or  | ls of your education and qualifications obtained plus those currently being purs  Dates  |   | ose carrently semigrandear                                    | 7   |                      |
| Secondary School, Colle<br>and/or University  | ege From   | То                                      |   | udied and/or<br>ns/grades obtained  |                      |
|   |  |   |   |   |                      |

3. Professional & Technical Bodies Membership Please give details of any relevant professional or technical bodies of which you are a member by examination or subscription and any CPD you have undertaken. Level of Year of Name of Institute/Professional Body Membership Award 4. Training Courses Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed. Provider Course Title and Duration Date 5. Present or most recent Employment **Employer** Address with postcode Job Title **Current or Final Salary** Please provide a list of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.) Why do you/did you wish to leave your current/most recent job?

#### 6. Employment History

| <u> </u>  |                   |                      |                    |  |
|---|-------------------|----------------------|--------------------|--|
| Please list all your previous employment history in chronological order using a separate sheet if |                   |                      |                    |  |
| necessary and please give reasons for any gaps in your employment history,                        |                   |                      |                    |  |
|   |                   |                      |                    |  |
| Name and Address of Employer  | Employment Period | Job Title and Salary | Reason for Leaving |  |

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|------------------------------|------|------------|---|--------------------|
|                              |      |            |   |                    |
| Name and Address of Employer |      | ent Period | Job Title and Salary                    | Reason for Leaving |
|                              | From | То         |   |                    |
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# 7. Outside Interests & Non-Vocational Experience Please give details of any outside interests or non-vocational experience

| Please give details of any outside interests or non-vocational experience which you feel may be relevant |
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| and will support your application.   |
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| 8. Relevant Experience & Other Supporting Information  |                                      |
|--|--------------------------------------|
| The information you provide in this section is very important in assessive details of your knowledge, qualifications, experience, skills and   |                                      |
| demands of the post, relating them to the requirements of the job a  | s laid out in the Person             |
| Specification and Job Description within the Recruitment Handout. F  | Please continue on additional A4     |
| sheets if necessary.   |                                      |
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| 9. Rehabilitation of Offenders Act 1974  |                                      |
| Please give details of any "unspent" convictions as defined by the R   | ehabilitation of Offenders Act 197   |
| Unless the nature of the position allows the Council to ask question   | ns about your entire criminal reco   |
| we will only ask about "unspent" convictions. A criminal record will   | not necessarily be a bar to obtainir |
| employment with the Council.   |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |
| 10. Prevention of Illegal Working  |                                      |
| Are you eligible to work in the UK?  | Yes □ No □                           |
|  |                                      |
| Do you require a work permit to take up employment in the UK?  | Yes □ No □                           |
|  |                                      |
| Are there any restrictions on your residing in the UK?   | Yes □ No □                           |
|  | 100 - 110                            |
| The Council has legal obligations to ensure that you can work legally  | in the LIK Prior to taking up        |
|  | <u> </u>                             |
|  |                                      |
| The Council has legal obligations to ensure that you can work legally<br>any employment you will be required to provide evidence of a passp<br>documents on the approved list to satisfy the Council that you comp | ort and/or other relevant            |

| 11. Driving Licence   |                             |                       |   |  |
|---|-----------------------------|-----------------------|---|--|
| Do you hold a current driving licence?  |                             |                       | Yes □ No □                              |  |
| If "yes" please state ty  | pe of licence you hold:     |                       |   |  |
| Are you a car owner o   | r do you have a car at you  | ır disposal?          | Yes □ No □                              |  |
| Do you have any curre   |                             | Yes □ No □            |   |  |
| If "Yes", please specify  | :                           |                       |   |  |
| 12. References  |                             |                       |   |  |
| Please give details of  | two nersons who we coul     | d contact and would b | pe willing to supply a reference        |  |
| _   | fer your referees to be yo  |                       | yers including your current             |  |
|   | erence 1                    |                       | Reference 2                             |  |
| Name  | sience 1                    | Name                  |   |  |
|   |                             | -                     |   |  |
| Position  |                             | Position              |   |  |
| Company   |                             | Company               |   |  |
| Address with Post   |                             | Address with Post     |   |  |
| code  |                             | code                  |   |  |
| Email address   |                             | Email Address         |   |  |
| Tel No  |                             | Tel No                |   |  |
| Capacity known  |                             | Capacity known        |   |  |
| to you  |                             | to you                |   |  |
| Have you any  | Yes □ No □                  | Have you any          | Yes □ No □                              |  |
| objection to the  | .65 = .16 =                 | objection to the      | .65 = .16                               |  |
| references being  |                             | references being      |   |  |
| obtained prior to   |                             | obtained prior to     |   |  |
| interview.  |                             | interview.            |   |  |
| NB References will be obtained and their authenticity checked if you are offered the appointment. |                             |                       |   |  |
|   |                             | , ,                   | • |  |
| 13. Relationships   |                             |                       |   |  |
| _ · · · · ·   | ledge, related to or have a | ·                     | Yes   No                                |  |
| with an Elected or Co-opted Member or employee of the Council?  If "yes", please give details.    |                             |                       |   |  |
| , yes , piease give details.  |                             |                       |   |  |
|   |                             |                       |   |  |
|   |                             |                       |   |  |
|   |                             |                       |   |  |

#### 14. Disability Discrimination Act 1995

| Do you have  | e a disability you wish us to know about at this stage?   |  | Yes □No □                                   |  |
|--|---|--|---|--|
| If yes, to ass   | sist us in making the interview arrangements please   | note below   | if you believe there are                    |  |
|  | ble adjustments we should be making.  |  | ,   |  |
| ,  | ,   |  |   |  |
|  |   |  |   |  |
| 15. Decla  | ration & Data Protection Act Consent  |  |   |  |
|  | all the foregoing details given in this application are t   | rue to the b   | pest of my knowledge and                    |  |
| understand t   | hat verification checks may be made. I also understan   | d that if the  | e information I have given                  |  |
| is found to be   | e untrue or misleading this will be sufficient grounds f  | or disqualif   | ication from appointment                    |  |
| or dismissal f   | rom any employment gained.  |  |   |  |
| 6: .   |   | 5.   |   |  |
| Signature  |   | Date   |   |  |
|  |   |  |   |  |
|  | that the information given in this form will be processe  |  |   |  |
|  | g my application for employment and if I am succes  | •  | • •   |  |
|  | on in it will be retained in my personnel file for such   |  |   |  |
| -  | fter the end of my employment. Otherwise this form  | will only b  | e retained by the Council                   |  |
| _  | it is required in connection with the application.  | la range de la |   |  |
|  | ata Protection Act and GDPR you have specific rig   |  |   |  |
|  | d processing of your personal data. Please see Counci   |  | -   |  |
|  | te for further information. Please indicate below whet<br>rocess the personal data you have provided for the pu |  |   |  |
| appointment  |   | ii poses oi i  | ceratificiti, selection and                 |  |
|  | nsent / I wish to find out more information or to ch  | eck what ne  | ersonal data is heing                       |  |
|  | d processed before giving my consent (please delete   |  |   |  |
| Signature  | a processed service gramb my conserve (process service  | Date   |   |  |
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| 46 N-1'6'  |   |  |   |  |
|  | cation of Vacancy   | l  |   |  |
|  | find out about this vacancy? Advertisement   W  | ora ot mol   | ith 🗆 Council website 🗀                     |  |
| Council Notic  | e Board  Other  Please state:   |  |   |  |
| 47. A also accorded as an east O. Datasura of Consolicted Forms  |   |  |   |  |
| 17. Acknowledgement & Return of Completed Form   |   |  |   |  |
| When completed, please return the application form by 20 October 2024 to:-  Chair of Council: Cllr Jennifer Slate  |   |  |   |  |
| Post: Valhalla, Heol Blaengwastod, Llangunnor, Carmarthen, SA31 2LE  |   |  |   |  |
| Email: Clerk@Llangunnor-cc.org.uk  |   |  |   |  |
| Please mark the envelope or email "Confidential – Application for the post of Clerk/RFO Llangunnor                 |   |  |   |  |
| <b>Council".</b> If you would like an acknowledgement of receipt, please enclose a stamped addressed               |   |  |   |  |
| •  | ubmitting this application form by post.  |  | , p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |  |
| 18. Interv   | riew Arrangements   |  |   |  |
| It is our inten  | tion that if you are selected for interview you will be   | notified du  | ring the week ending <b>25</b>              |  |
| October 2024   | and interviews may be held week commencing 4 No   | ovember 20   | <b>)24</b> .                                |  |
| Please confirm that you will be available on these dates if selected for interview. Yes $\ \square$ No $\ \square$ |   |  |   |  |