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Applicant No.:

Interview Time:

APPLICATION FOR EMPLOYMENT

POST TITLE: FACILITIES MAINTENANCE TEAM LEADER

PERSONAL DI	ETAILS	
Title:	Forename(s):	Surname:
Address:		Telephone Number (home):
		Mobile Phone Number:
		Email Address:

REFERENCES

Please give details of people preferably known to you in a professional capacity, and where possible to include your present or more recent employer.

Name:	Name:
Position:	Position:
Relationship to you:	Relationship to you:
Organisation/Company:	Organisation/Company:
Address and Postcode:	Address and Postcode:
Telephone Number:	Telephone Number:
Email Address:	Email Address:
Length of time you have known this person:	Length of time you have known this person:

May we contact this referee before interview? May we contact this referee before interview?	
RELATIONSHIPS/CANVASSING	
Are you the parent, grandparent, spouse, partner, child	l, step-child, adopted child, grandchild, brother, sister, uncle,

Are you the parent, grandparent, spouse, partner, child, step-child, adopted child, grandchild, brother, sister, uncle,
aunt, nephew or niece of any Member (Councillor) or member of staff of Newton Abbot Town Council, or the
partner of such persons? If yes, please state to whom and the nature of the relationship. Please note that seeking
support of any Councillor for your application, directly or indirectly, will disqualify your application.

SECONDARY AND FURTHER EDUC	CATION			
School/College/University	From	То	Qualifications gained	Grades

PROFESSIONAL QUA	LIFICATIONS		
Awarding Body	Qualification	How obtained (examination, election etc).	Date

MEMBERSHIP OF PROFESSIONAL BODIES			
Professional Body	Grade of Membership	How obtained (examination, exemption etc)	Date

OTHER RELEVANT TRAINING	G			
Dates (from and to)	Training Provi	der	Nature o	of Training
PRESENT OR MOST RECEN	T EMDI AVMI	ENIT		
Employer's Name and address:	I CIVIPLOTIVI	Job Title:		Date
Employer 5 Name and address.		Job Title.		Started:
				Left:
				Loiti
Basic salary/wage:		Pay supplements:		
Additional allowances/benefits		Period of notice or date available to take up		
		employment:		
Is this your only current job:				
Reason for wishing to leave:				
Brief outline of duties and respons	ibilities:			
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Employer's name and location	Position held and main duties		Dates	Passan for leaving
location	duties	From	То	Reason for leaving
APS IN EMPLOYME	NT HISTORY			
Please give reasons and				

RELEVANT KNOWLEDGE, SKILLS, EXPERIENCE, APTITUDE AND INTERESTS	
Please describe your knowledge, skills, experience, aptitude and interests relevant to this position, and mention any particular achievements. Please relate this to the requirements of the Job Description and Person Specification as far as possible. Continue on a separate sheet(s) if required.	
DRIVING LICENCE	_
Do you hold a full, current driving licence? Yes/No	

I confirm that the information I have provided is accurate and I have not omitted any significant information. I understand that any false statement could disqualify my application.
Forms returned via email without a signature: by submitting this form, applicants are agreeing to the statement above.
Signed:
Date:

Please return the completed form to:

Newton Abbot Town Council: info@newtonabbot-tc.gov.uk

Or send postal applications to:

FAO: Linda McGuirk – Principal Administrator Newton Abbot Town Council Newton's Place Wolborough Street Newton Abbot Devon TQ12 1JQ

The closing date for receipt of completed applications: 5pm, Wednesday 28th February 2024