



APPLICATION FORM A

EQUAL OPPORTUNITIES

Community Council of Devon is committed to equal opportunities in service delivery and employment; we welcome participation from all sections of the community.

If you require this application form or any other information in large print please contact us on
01392 383443

Community Council of Devon, County Hall, Topsham Road, Exeter, EX2 4QB
T: 01392 383443 F: 01392 382062 E: info@devonrcc.org.uk www.devonrcc.org.uk



APPLICATION FORM

Please use black ink so that we can photocopy your application

Form A is part of the application documentation and the declaration of accuracy that you sign on this part of the application form encompasses the information you give on Form B. Only Form B is used for short listing.

Post Title:

Closing Date:

Surname:

Forenames:

Address:

Post Code:

Contact Numbers:

Work:

Evening:

Mobile:

Email Address:

May we contact you at work? Yes/No

Do you consider yourself disabled: Yes/No

Are you eligible to work in the UK? Yes/No

Do you need a work permit Yes/No

Do you hold a full driving licence? Yes/No

Endorsements?

If offered the post when would you be able to take it up?

National Insurance Number:

Other Activities

Please give details of any commitments which might have an effect on your working hours (for example, magistrates or other local government duties).

References:

Please give details of two people whom we may approach for references. At least one should be a present or more recent employer, or if appropriate, a tutor. The second referee can be anyone, including a previous employer. Any offer of employment made to you will be dependent on whether we receive satisfactory references from the two people you nominate. We will contact your referees only if we offer you the job and not before.

Name:

Job Title:

Address:

Daytime Tel:

Name:

Address:

Daytime Tel:

In what capacity do you know your second referee?

I confirm that to the best of my knowledge the information provided in this document is correct and complete and gives a fair representation of my qualifications and employment history. I understand that if any statement is false or misleading, or if I have withheld relevant information, my application may be disqualified or, if I have already been appointed, disciplinary action may be taken which may result in dismissal. This declaration does not affect my rights under the Rehabilitation of Offenders Act 1974.

Signature: _____

Date: _____