



Applicant No

MINEHEAD TOWN COUNCIL

APPLICATION FOR EMPLOYMENT – MONITORING FORM CONFIDENTIAL

Please complete in black ink or type

THIS FORM IS NOT PART OF THE SELECTION PROCESS
(The information you provide will be treated in the strictest of confidence
and will not be seen by the selection panel)

Application for the post of: ASSISTANT CLERK

Personal Details

Surname		Forename(s)	
Preferred Name		Preferred Title	
Address	Email		
Daytime Phone No		May we contact you on this number during the application process?	Yes / No
Evening Phone No		National Insurance No	
Do you need a work visa for permanent employment in the UK?	Yes / No	If "Yes", do you have one?	Yes / No

Relatives / Other interests

Are you, to your knowledge, related to, or do you have a close personal relationship with any Member or Officer of Minehead Town Council?

Yes / No

If "Yes", please state the name of the person and the capacity in which you are known to them

If appointed, do you have any business and/or financial interests which might conflict with the duties of the post?

Yes / No	If "Yes", please give brief details
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Rehabilitation of Offenders Act 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not 'spent'. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'.

Supplementary Information

Flexible Working

Do you wish to apply for this job on the basis of flexible working?	Yes / No
If "Yes", please give details of your preferred work pattern or other request	

Recruitment Monitoring

How did you find out about this vacancy? Where appropriate, please give specific details of the website or publication.

Declaration

I declare that that the information in this form and the accompanying application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I consent that under the General Data Protection Regulation and the Data Protection Act 2018 the information contained in this form and my application form may be processed by Minehead Town Council who will ensure the information will be stored on a computer or form the basis of manual records. This information will be stored fairly and lawfully and will not be disclosed to any person/s for any other purposes.

Minehead Town Council requires this information for operational purposes relevant to the payment of remuneration, pensions, and the maintenance of a personnel system for all its employees.

I give my permission for Minehead Town Council to process and retain information about me contained in this form in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

Signed..... Date

Name

(If you submit an application electronically, you will be asked to sign the form before interview)