

CONFIDENTIAL

Application for the Appointment of Facilities Supervisor

1. PERSON	AL DETAILS	S		
Surname		First Name	st Names	
Home Addre	ss			
Telephone N	o. (Home)_	(Wc	ork)	
Do you consi Act?	der that you YES/NO give brief d	rmit to work in the UK? YES/N have a disability as defined unde etails of your disability:	r the Disability Discrimination	
Date From	Date To	Name & Type of School College or University	Standard reached or Examinations passed with full details and dates.	
3. EMPLOY	MENT RECO			

Date From	Date To	Employer's Name & Address	Positions held & Duties (state salary & grade of present appointment)	Salary £

4. STATEMENT OF APPLICATION

		for this job referring to your relevant skills and terests outside of work (continue on a separate			
5.	REFEREES				
	Names and address of two referees (please indicate whether we can approach these referee immediately):				
	(a)	(b)			
6.	CRIMINAL CONVICTIONS				
	Have you any unspent criminal convictions as defined by the Rehabilitation of Offenders 1974? YES/NO				
	If YES you will be required to provide further details in the event of your being successfunction.				
	rtify that to the best of my knowledge I am not incil, and acknowledge that any canvassing, dire				
Sigr	Signed Date				

Completed application forms should be returned to the Town Clerk, Godalming Town Council, Municipal Buildings, Bridge Street, Godalming Surrey GU7 1HT by **9 February 2018 at midday.**