



BEMBRIDGE PARISH COUNCIL

The Clerk to the Council,
5 Foreland Road, Bembridge, Isle of Wight, PO35 5XN
Tel: 01983 874160 Email: clerk@bembridgepc.org.uk



JOB APPLICATION FORM
Position: **RESPONSIBLE FINANCIAL OFFICER**

| | |
|----------------|------------------------------|
| Surname | Mr/Ms/Other (please specify) |
| Forenames | |
| Address | |
| Home Telephone | Work Telephone (optional) |
| Mobile | e-mail |

| PRESENT POSITION | |
|---------------------------|--|
| Post Held: | |
| Employer: | |
| Date of appointment | |
| Present salary/wage | |
| Period of notice required | |

| EMPLOYMENT HISTORY (Most recent first) | | | | |
|---|----|----------|----------|--------------------|
| From | To | Position | Employer | Reason for leaving |
| | | | | |
| | | | | |
| | | | | |

| DETAILS OF EDUCATION AND TRAINING | | |
|--|-----------------------------|------------------------------------|
| Date | School, College, University | Course, Qualifications and Results |
| | | |
| | | |
| | | |
| | | |

| OTHER COURSES UNDERTAKEN DURING THE LAST FIVE YEARS | | |
|---|--|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| MEMBERSHIP OF PROFESSIONAL BODIES | | |
| PROFESSIONAL BODY | | GRADE (Member, Associate etc) |
| | | |

| REASON FOR APPLYING |
|--|
| <p>In no more than 150 words explain why you are applying for this post and the skills and knowledge you could bring to it</p> |
| |

| ADDITIONAL INFORMATION |
|---|
| <p>Please supply any more relevant information that will help us assess your suitability for the post. Continue on a separate sheet if necessary.</p> |
| |

| PERSONAL DETAILS | |
|--|---|
| Details of any periods of sickness in the last two years and the number of days you were unfit for work. | It is the Council's policy to interview disabled candidates who meet the essential requirements of the post. For this purpose it is necessary to ask: |
| Present state of health | Do you class yourself disabled under the terms of the Disability Discrimination Act 1995*? YES/NO *The act defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities. It would be helpful for us to know something about your current disability if it is relevant to the work situation. Please consider supplying us with more information or tell us if you would like to discuss this with an appropriate officer. |
| Do you have a current driving licence? YES/NO | Do you own a car? YES/NO |
| National Insurance Number | |
| Where did you see this post advertised | |

| REFERENCES | |
|---|--|
| Name and address of two referees, one of whom should be your last or recent employer. Please advise if you have objection to contacting a referee prior to interview. | |
| 1 | 2 |
| Telephone | Telephone |
| May we contact this person YES/NO | May we contact this person YES/NO |
| SIGNATURE | DATE |
| Completed Application should be sent to: The Clerk 5 Foreland Road Foreland Road Bembridge PO35 5XN | For Personnel use only Interview Letter ___/___/____ References 1 & 2 ___/___/____ Notified Unsuccessful (verbal/letter) ___/___/____ |

