



Lyme Regis Town Council

Job Application Form

Please send completed application form to: adriane.mullins@lymeregistowncouncil.gov.uk
or Lyme Regis Town Council, Guildhall Cottage, Church Street, Lyme Regis, Dorset,
DT7 3BS

Vacancy Details

Job Title	Operations Manager	Post No.	213
Closing Date	Midday, Friday 21 February		

Personal Details

First Name:	Surname:
Title:	
Home Address:	Telephone Numbers/Email Addresses: Home: Work: Mobile: Email:
Postcode:	Can we contact you at work? Yes/No
NI Number:	Valid Driving Licence: Yes/No/Provisional Car Owner: Yes/No
Are you related to or are you the spouse/partner of any councillor or employee of Lyme Regis Town Council? Yes/No <i>If yes, please give details:</i>	

Education and Training *(please continue on a separate sheet if necessary)*

From:	To:	School/College/University attended: (most recent first)	Qualifications attained with grades:

Employment History (Paid or Voluntary)

Please indicate all previous positions held including any with Lyme Regis Town Council

Present/Most Recent Position:		Present Employer:		
		Location:		
Date started:	Current salary and any benefits:	Reason for wishing to leave:		
		Please state the period of notice you are required to give in your present job:		
From:	To:	Previous Position:	Employer and Location:	Reason for leaving:

References

Please provide two referees with knowledge of your previous work/character. One must be your most recent employer. If you have worked for them for less than six months, the second referee must be another previous employer. If one of your referees is a personal one, the referee cannot be related to you. **References are in confidence.**

1.	
Name:	Relationship to you:
Job Title:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
Can we contact this referee prior to the interview? Yes/No	

2.	
Name:	Relationship to you:
Job Title:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
Can we contact this referee prior to the interview? Yes/No	

Please indicate any spare time activities or interests:

I understand that any offer of employment will be subject to the information given on this form being correct and any appointment may be subject to a satisfactory medical report and references. I understand that the data on this application form will be processed in accordance with the Data Protection Act 1998 and I give my consent to this. Data may therefore be passed on to other members of the council who may require my information for legitimate business purposes.

Signed	Dated
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