

STRICTLY CONFIDENTIAL

APPLICATION FORM

For official use only:

JOB TITLE: Huntingdon Town Partnership Part time Office Administrator	CLOSING DATE: Thursday 1 May 2008
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PERSONAL DETAILS

Surname:..... Title:..... Daytime Tel:

Forename(s): Home Tel:

Address: Work Tel:

.....

..... Post code:

Mobile:

E-mail:

National Insurance N^o:

Please state the number of days you have been absent through illness/injury in the last two years

Do you require a work permit? **Yes** **No**

If you were offered a position with Huntingdon Town Partnership would you continue to hold any other position? **Yes** **No**

If **YES** please give post title, organisation and hours worked?

Where did you see the post advertised?

A proposed date for successful candidates to be interviewed is Friday 9 May 2008

Please indicate any dates you are unavailable for interview:
(We cannot guarantee avoiding these dates)

**Post Title: Huntingdon Town Partnership –
Part time Office Administrator**

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Name:

CURRENT OR MOST RECENT EMPLOYMENT

Employer's
Name:

Immediate Supervisor's Name:

Address: Telephone
Number(s):
.....
.....

Post code:

Position held:

Salary: Notice Period:

Start Date: End Date:

Please give a brief description of your duties/responsibilities (if you are currently unemployed please give appropriate details of your last employment):

Reason for leaving:

PREVIOUS EMPLOYMENT

Please give details of employment, **starting with your current/most recent position** and working backwards. Please give an explanation for any gaps in employment.

Name & Address of Employer	Date (From – to)	Position held	Details of duties/responsibilities and reason for leaving

EDUCATION & TRAINING

Secondary Education

Level	Please detail GCSE's, 'A' levels or equivalent SUBJECT	Grade

Further Education

College/University	Course	Qualification obtained

Training Courses

Training/course title	Date

SUPPORTING STATEMENT

Please give, in support of your application, additional information that you consider important, and any relevant experience, skills and knowledge you have. Please continue on a separate sheet if necessary.

REFERENCES

Your referees must be able to provide direct knowledge of your work performance and attendance record and in signing this application you authorise Huntingdon Town Partnership to seek this information. It is sometimes our practice to seek references prior to formal interview. If you would prefer references not to be taken prior to interview please tick box .

If you are known to either of your referees by another name please give details.

First Referee

Second Referee

Name:

Name:

Position:

Position:

Work Relationship:
e.g. line manager

Work Relationship:
e.g. line manager

Address:

Address:

.....

.....

.....

.....

Postcode:

Postcode:

Telephone Number

Telephone Number

OTHER INFORMATION

Do you hold a current driving licence which allows you to drive in the UK? **Yes** **No**

Do you have regular use of a vehicle? **Yes** **No**

DECLARATION

Signature of applicant:

Date:

Please return to:-
Katy Sismore, Huntingdon Town Partnership, 10a Princes Street, Huntingdon, Cambs PE29 3PA
Tel: (01480) 450250 Fax: (01480) 457689
Email: katy@huntingdontcm.com

EQUAL OPPORTUNITIES

Huntingdon Town Partnership operates an Equal Opportunities Policy and is committed to appointing the best candidate, regardless of any factor other than the ability to do the job. The Codes of Practice published by the Equal Opportunities Commission and the Commission for Racial Equality advise employers to monitor the outcome of selection decisions to ensure that unfair discrimination does not occur on any of these grounds within our recruitment and selection process. This information is requested for monitoring purposes only and will be treated as strictly confidential. This form will be separated from your application and will not be used by those selecting candidates for interview.

For this reason you are asked to complete the form.

Gender – please tick

Male
 Female

Marital Status – please tick

Married
 Single

Do you have dependants? – please tick

Yes
 No

Age Band – please tick

Under 20 20 – 29 30 – 39 40 – 49
 50 plus

How would you describe your Ethnic Origin? – please tick

Asian or Asian British

Bangladeshi
 Indian
 Pakistani
 Other please specify

Black or Black British

African
 Caribbean
 Other please specify

Chinese or other ethnic group

Chinese
 Other please specify

Mixed

White & Asian
 White & Black
 African
 White & Black
 Caribbean
 Other please specify

White White British
 White Irish
 Other please specify

Other Other please specify

DISABILITY

Under the Disability Discrimination Act 1995 disability is defined 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.’

Do you consider that you have a disability? **Yes** **No**

If **YES**, please give details of your disability?

Do you have a disability for which you are in receipt of Disability Living Allowance? **Yes** **No**

Would your disability cause you to have any special requirements if you were asked to attend an interview at these offices?

Yes **No**

If so, please give details of how we could assist you:

REHABILITATION OF OFFENDERS ACT

In applying for this post with Huntingdon Town Partnership you are required to disclose any convictions/cautions/bind-overs or similar that you have received, including any prosecutions that are pending against you. You do not need to include any that are ‘spent’ under the Rehabilitation of Offenders Act 1974.

If you have ever been convicted of an offence, received a formal caution by the police, received a bind-over set by a court or have any prosecutions pending against you please tick box .