

# APPLICATION FORM

## CARETAKER

TITLE	LAST NAME	FIRST NAME/S	
ADDRESS			
POSTCODE			
HOME TELEPHONE NUMBER			
MOBILE TELEPHONE NUMBER			
EMAIL ADDRESS			
ARE YOU ELIGIBLE TO WORK IN THE UK	YES	NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?	YES	NO	
ARE YOU REGISTERED DISABLED?	YES	NO	
IF YES PLEASE PROVIDE DETAILS			
<b>EDUCATION</b>			
DATE FROM AND TO	NAME AND PLACE OF UNIVERSITY/COLLEGE/SCHOOL	EXAMINATIONS AND QUALIFICATIONS GAINED	

# LYDD TOWN COUNCIL

<b>EMPLOYMENT please list chronologically starting with your current or last employer</b>			
DATE FROM AND TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE/ RESPONSIBILITIES	SALARY AND REASON FOR LEAVING
<b>REFERENCES please give the names and addresses of your two most recent employers.</b>			
REFERENCE 1		REFERENCE 2	
NAME		NAME	
POSITION/ JOB TITLE		POSITION/ JOB TITLE	
ORGANISATION		ORGANISATION	
ADDRESS		ADDRESS	
POSTCODE		POSTCODE	
PHONE NUMBER		PHONE NUMBER	

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**PLEASE TELL US WHY YOU ARE SUITABLE FOR THIS ROLE AND THE SKILLS AND EXPERIENCE YOU WOULD BRING TO THE COUNCIL**