###### Confidential when Completed

## SUDBURY TOWN COUNCIL

Position applied for: **Community Warden**

## Personal Details

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| --- | --- |
| Surname (BLOCK LETTERS): | Forenames: |
| Address: | Email Address: |
| Daytime Telephone Number: | Mobile Telephone Number: |

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| In the boxes below please explain how you meet each essential criteria  |
| Current full Driving licence. |
| Experience of working with local communities and community groups and dealing with the public face to-face.Experience in a customer facing role. |
| An active team player, with ability to work on own initiative.Confidence and ability to communicate with people of all ages and backgrounds.A passion for preserving and enhancing our local environment.Ability to remain calm in potentially stressful situations. |
| A positive ‘can-do’ attitude.Ability to work with minimum supervision.A good general level of physical fitness.Enjoys working as part of a team. |
| That you currently have a DBS certificate or that you will apply for a DBS certificate if offered the role. The offer of employment may be withdrawn if the results of the DBS application not satisfactory or not compatible with the role offered. |
| Do you have any criminal convictions except those that are spent under the Rehabilitation of Offenders Act 1974? |
| A commitment to undertake all training courses required for the role, including but not limited to: Street Works Certifications, MWEP (Mobile Works License), First Aid, Standpipe and Health & Safety Training. |
| Are there any restrictions on you taking up employment in the UK? |

Education

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| --- | --- | --- | --- | --- |
| School, College or University | Start Date | End Date | Qualification Achieved | Other notes |
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Employment History

Please start with your present employment and cover all of the last 5 years.

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| Start Date:End Date: |
| Employer’s Name and Address: |
| Position Title: |
| Contact details for your Reference: |
| Reasons for Leaving: |

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| Start Date:End Date: |
| Employer’s Name and Address: |
| Position Title: |
| Contact details for your Reference: |
| Reasons for Leaving: |

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| Employer’s Name and Address: |
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| --- |
| Start Date:End Date: |
| Employer’s Name and Address: |
| Position Title: |
| Contact details for your Reference: |
| Reasons for Leaving: |

**General Information**

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| Duties and responsibilities and details of experience which you feel are relevant to this application. Please continue on a separate page if necessary. |
|  |

Outside Interests

Please indicate your hobbies, sporting, or other interests: include any position or involvement in a voluntary organisation.

Medical

Please give details of any illness, physical or mental, with dates that has necessitated hospital or specialist medical care in the last 5 years?

Registered Disabled Person No. (If applicable)

Expiry Date

Please confirm that, if required, you will consent to undergo a medical examination arranged and paid for by the council.

Please give names and addresses of three people (not relatives) whom we could approach for references, including your most recent two employers.

Name: Name:

Address: Address:

Telephone Number: Telephone Number:

References

Please give names and addresses of two people (not relatives) whom we could approach for references, in addition to those from your recent employers.

Name: Name:

Address: Address:

Telephone Number: Telephone Number:

Applicants attention is drawn to the provision of the Rehabilitation of Offenders Act 1974 in answering the following questions: -

Have you ever been convicted of an offence?

(other than motor driving convictions) YES/NO

If yes, give details:

Date of conviction: Place:

Declaration by Applicant

I confirm that the above information is correct and understand that misleading statements or deliberate omissions may be sufficient for cancelling any agreement made.

Signed: Date:

**Interviews will take place as soon as possible.**

**Return by email to** – **ciaran.griffin@sudbury-tc.gov.uk**

All communication regarding this application will be by email, so please check your junk box if you are expecting a reply.

The Clerk to the Council, Sudbury Town Council, Town Hall,

Sudbury, Suffolk, CO10 1TL.