



VENTNOR TOWN COUNCIL



JOB APPLICATION FORM

POST

BEACH SAFETY WORKER

PERSONAL DETAILS

LAST NAME		OTHER NAMES	
ADDRESS		HOME PHONE	
		WORK PHONE	
POST CODE		MOBILE	
EMAIL			

PRESENT OR LAST EMPLOYMENT DETAILS

NAME OF EMPLOYER	POSITION HELD	FROM	TO	SALARY

MAIN DUTIES

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PREVIOUS EMPLOYMENT DETAILS

NAME OF EMPLOYER	POSITION HELD	FROM	TO	SALARY

VOLUNTARY SECTOR EXPERIENCE

ORGANISATION WITH/FOR	ROLE/WORK DONE	FROM	TO

FROM	TO	SUBJECT(S)	QUALIFICATION	AWARDING BODY

DECLARATION

I declare that the information contained in this form is true and accurate. I understand that if any statement is later discovered to be false or misleading, my employment may be terminated

SIGNATURE	DATE

REFEREES' DETAILS

FIRST REFEREE		SECOND REFEREE	
NAME		NAME	
STATUS		STATUS	
ADDRESS		ADDRESS	
POST CODE		POST CODE	
PHONE NO.		PHONE NO.	
Please indicate how the referee knows of your skills and experience			

Please tick box if you do not wish us to contact this referee prior to interview

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BEACH SAFETY

Please tell us why you are interested in this role and what you would bring to it.