



Ramsey Town Commissioners,
Town Hall,
Parliament Square,
Ramsey,
Isle of Man IM8 1RT.

APPLICATION FORM

For (office use only):				
<i>Acknowledged</i>	<i>References</i>	<i>Interview</i>	<i>Appointment Offered</i>	<i>Medical</i>

Position applied for:
CIVIC AMENITY SITE WASTE DISPOSAL OPERATIVE

PERSONAL DETAILS

(PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS)

Title - (delete as applicable) MR / MRS / MISS / MS	Surname	Christian Names
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Home Address:

Present Address (if different from above)

Telephone No. (home)	Telephone No. (mobile)	Telephone No. (business)

Do you hold a current FULL driving licence? Please specify type (motor car, H.G.V. etc.)

EDUCATION

SECONDARY SCHOOL EDUCATION - Please state names of schools attended	Dates of attendance

State examinations taken (Please indicate CSE, GCE, GCSE etc.)	Subjects taken	Date	Grade attained

FURTHER EDUCATION - Please state name of college or university attended	Dates of attendance

State qualifications obtained (GNVQ's, Degrees etc.)	Subjects taken	Date	Grade attained

QUALIFICATIONS - Please state technical or professional qualifications	Name of College, university or professional body etc., by whom qualification gained	Date qualification granted

ADDITIONAL SKILLS

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PRESENT OR LAST APPOINTMENT

Name of employer	Employer's business and approx. number of employees

Position held	Date appointed	Salary on appointment	Present Salary

<p>Please outline your duties / responsibilities</p>
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<p>How much notice must you give your present employer?</p>

PREVIOUS EMPLOYMENT

Please list in reverse order - continue on separate sheet if necessary

Employer's Name	Position Held	Name of Company and type of business	Date From / To	Reason for Leaving

REFERENCES

All appointments are subject to the receipt of satisfactory references. Please provide details of two appropriate referees to whom confidential enquiries may be made. These should preferably include senior management from previous employers. **Note:** In certain cases it may be necessary to seek references before applicants are short-listed.
 If without two previous jobs (or unable to do this), please provide - as appropriate - the names of two school or personal referees (other than relatives)

Name		Name	
Position		Position	
Company		Company	
Address		Address	

Please indicate how these individuals know you and how they know about your work abilities etc. (e.g. state whether they are your current / previous supervisor, manager etc.)

1.	2.
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Can your present employer be contacted for a reference - before short-listing if necessary	YES	NO
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If NO, please state reason _____

RELATIONSHIP TO MEMBERS / SENIOR OFFICIALS

Are you related to any current Member of the Ramsey Town Commissioners or a Senior Member of Staff OR of the Northern Local Authorities of Andreas, Ballaugh, Bride, Garff, Jurby and Lezayre.	YES	NO
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If the answer to this question is YES, please provide details	
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CRIMINAL OFFENCES

Have you ever been convicted of a criminal offence	YES	NO
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If the answer to this question is YES, please provide details	
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Are you currently the subject of any criminal proceedings	YES	NO
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If the answer to this question is YES, please provide details	
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(N.B. The Rehabilitation of Offenders Act 2001 may entitle you to withhold information about criminal offences. Please refer to the guidance notes attached before deciding what information you are required to disclose)

WORK PERMIT INFORMATION (Please refer to the guidance notes when completing this section)

Are you an Isle of Man Worker as defined in the Control of Employment Acts?	YES	NO
If yes, under which section of the guidance notes do you qualify?		SECTION
If living on the Isle of Man, when did you take up residence?	Month	Year
If applicable does your Spouse or Civil Partner hold a Work Permit?	YES	NO

HEALTH

Are you disabled?	YES	NO
Are you receiving any medical treatment at present or taking any medication?	YES	NO

If the answer to this question is YES, please provide details including any assistance you may need to attend for interview

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Have you suffered from any serious illness in the last five years?	YES	NO
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If the answer to this question is YES, please provide details

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Please state details of sickness absence from work or education during the past five years	No. of Absences	No. of Days (total)

INTERESTS

Please state your hobbies and interests

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DECLARATION

I declare that to the best of my knowledge the information contained in this form and my Curriculum Vitae , if supplied, is true and accurate. I understand that if any of the details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated.

I understand that where the application is successful, Ramsey Town Commissioners may, from time to time thereafter, wish to process this information (as updated periodically) for personnel administration and management purposes. I also understand that where this is the case, processing will take place in accordance with the provisions of the DATA PROTECTION ACT and that by signing this form I consent to the Ramsey Town Commissioners being supplied, in confidence, with any information held on the Police National Computer or in any other Police Records.

Applicant's Signature..... Date.....

NOTES (for office use only)

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