

TORPOINT TOWN COUNCIL

1-3, BULLER ROAD, TORPOINT, CORNWALL PL11 2LD

www.torpointtowncouncil.gov.uk admin@torpointtowncouncil.gov.uk

Application Form

Please complete in black ink or print

Position applied for:			Closing date and source of application:		
Surname:		First names and title:			
Address:		Telep	phone:		
		Emai	<i>l:</i>		
Personal Deta	ails:				
Do you require a	work permit to take up	employm	nent in the UK? Yes □	No □	
Do you hold a current clean driving licence			Yes □	No □	
			ment in reverse chrond Please continue on a s		
Date From/To	Position Held Dutie	25	Name and address of Employer	Reason For Leaving	

Education (since age 11)

Date From/To	Name of School, College or University	Qualifications Gained
		<u> </u>
Please give your ro have which would	easons for applying for this position enable you to do it well. Please us	on, say what experience you feel you se a separate sheet if necessary.

nclude here memberships of tc.		s or other information that you feel will support bodies and service on voluntary organisations
resent or last employer if po		dresses of two referees. One should be your
l eferee 1 Iame		Referee 2 Name
ddress		Address
lay we approach them now?		May we approach them now?
Yes		Z Yes
		z No
No		
	and confirm	that this is a true and complete record
	n and confirm	
apply for the above position		

to the **Town Clerk & RFO** at the address above by the deadline of **midday on Friday 8**th **January 2021.**