

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 fo		Closing date and s application:	ource of	
Surname:		First names and ti	tle:	
Address:		Telephone:		
		Email:		
Personal Details:	a name it to take the	mlay magnetic that 1972	Voc 5 A	
	k permit to take up em		Yes □ N	
o you nold a current	clean driving licence?		ies 🗆 i	ЮШ
	rd - Please list all em present or last posit			
,				
Date From/To	Position Held Duties	Name and a		Reason For Leaving
	Position Held Duties			
	Position Held Duties			
,	Position Held Duties			

Education (since age 11)

Date From/To	Name of School, College or University	Qualifications Gained
	L	
Please give you	r reasons for applying for this positi	ion, say what experience you feel you
have which wou	uld enable you to do it well. Please u	ise a separate sheet if necessary.
		iso a soparate enece n incocesary.

es and addresses of two referees. One should be your
Referee 2
Name
Address
May we approach them now?
z Yes
T. No.
z <i>No</i>
d confirm that this is a true and complete record
Date

Please return your completed application together with any other documentation requested to the **Town Clerk** at the address above by the deadline of **midday on Friday 20th October 2023.**