

APPLICATION FORM **Position: Deputy Clerk**

PERSONAL DETAILS

Title (Mr / Mrs / Miss / Ms etc.):	
Surname:	
First name (s):	
Address:	
Email:	
May we contact you via email?	YES / NO
Tel no. (home):	
Mobile no:	
EDUCATION, TRAINING AND QUALIF	ICATIONS

Educational establishment / certificate / qualification (please continue on a separate sheet if necessary)	Grade	Date



APPLICATION FORM Position: Deputy Clerk

CURRENT / MOST RECENT EMPLOYMENT

Employer and address:	
Job title:	
Date appointed:	Present salary:
	Salary grade if in local government:
Brief description of duties and responsibilities:	
(please continue on a separate sheet if necessary	<i>(</i>)
Reason for leaving/wanting to leave:	
Length of notice required:	Date of leaving (if applicable):
·	

PREVIOUS EMPLOYMENT

Employer	Position	Salary	Dates	Reason for leaving

SUMMARY



APPLICATION FORM Position: Deputy Clerk

	ribe the skills, qualities and experience you would bring to the role, together with your applying, and provide any other information that may assist your application. Please refer
to the job de	escription and person specification. (Please continue on a separate sheet if necessary.)
REFERENCES	
Referee:1	Can be contacted prior to interview: YES / NO
Referee:1 Name:	Can be contacted prior to interview: YES / NO
	Can be contacted prior to interview: YES / NO
Name:	Can be contacted prior to interview: YES / NO
Name: Position:	Can be contacted prior to interview: YES / NO
Name: Position: Address:	Can be contacted prior to interview: YES / NO Can be contacted prior to interview: YES / NO
Name: Position: Address:	
Name: Position: Address: Referee:2	
Name: Position: Address: Referee:2 Name:	



APPLICATION FORM Position: Deputy Clerk

ADDITIONAL INFORMATION

Are you related to a Councillor or a member of staff? (If yes, please give details.)	YES	NO
Do you have a current driving licence?	YES	NO
If yes, do you have any current endorsements?	YES	NO
Are you a car owner?	YES	NO

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

I hereby give my consent to Crewkerne Town Council to process the data supplied on this application form for the purpose of recruitment and selection.

Signed:	Date:

Email: townclerk@crewkerne-tc.gov.uk

Post to: Gemma Hughes

Town Clerk

Crewkerne Town Council

Town Hall Market Square Crewkerne Somerset TA18 7LN

Closing date for applications: 5pm, 3rd October 2025