

APPLICATION FORM
for the post of
Community Agent
for
CEFNI COMMUNITY COUNCIL

PART 1

Name:

Address:

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Email address:

Tel No

Mobile no:

National Insurance Number:

Do you have a current driving licence Yes No

Do you have use of your own vehicle Yes No

Are you legally entitled to work in the UK Yes No

Education History

School / Higher Ed	From/To	Qualifications gained

Name		
Address		
Telephone		
Name of Immediate Supervisor/Manager		
Position/Job Title		
Duties		
Reason for Leaving		
May We Contact?		

Referees from whom we may obtain a reference. At least 1 must be from a previous or current employer.

Referee 1 Name, address, (email and telephone number if known), and in what capacity do they know you e.g. Employer, line manager, friend.

Referee 2 Name, address, (email and telephone number if known), and in what capacity do they know you e.g. Employer, line manager, friend.

Please state in your own words, why you think you have the necessary attributes and experience to undertake the role of Community Agent -