APPLICATION FORM

QWFC Ltd Gorseland North Rd ABERYSTWYTH SY23 2HE									
The information provided on this application form will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent employment administration if the application is successful. On completion please return the form to the above address by 14 th of December 2018 and mark for the attention of Mr Iestyn Jones. Thank you.									
Application for	rm for the	e post c	of Farr	n Assessor	– Decembe	er 2018			
			P	ERSONA	L DETAILS				
Title (Mr/Mrs/Miss/Ms):			Surname/family name:						
Forenames:			•						
Address:									
Postcode:		,		E-mail ad	ldress				
Daytime tel. no.: Evening tel. no.:									
(NB: If you do not wish to be contacted by telephone, please tick here)									
HEALTH									
Please give details of any health/disability problem(s) that may be relevant to the position specified above.									
Are you a Welsh speaker? – tick as appropriate						Yes	No		
If currently employed, how many days have you lost through illness during the last 12 months?						1			

EDUCATION (List details of GCSEs, GNVQs, A levels and Degrees, etc.)							
Secondary school/	From –	Qualifications	Subjects	Grades			
College/University/etc.	То	obtained		0.000			
WORK-RELATED SKILL (Please detail all certificate	_	c otc you have obtained	that have been job	rolated			
Please specify when awarded, organising body, grades (if relevant) and the time it took to obtain the qualification.							
OTHER CIVIL C							
OTHER SKILLS Languages other than Welch or English speken/written (please indicate degree of							
Languages other than Welsh or English spoken/written (please indicate degree of competence)							
Computer literacy (specify the extent of knowledge of the main software packages such as							
Microsoft Word, Access, Excel and Powerpoint)							
Annually an ability that was a bandary and the three tables to be considered.							
Any other skills that may be relevant to the job for which you have applied							

PRESENT (LAST) EMPLOYMENT DETAILS						
Name and address						
Nature of business	S:					
Your job title:						
	the nature of your responsibilities (and elevant).					
Full time/part time	2:					
Date joined compa	any:					
Date appointed to	present (last) job:					
Salary/wage (curr	ent or on leaving):					
Notice required:						
Date left, and reason (if applicable):						
PREVIOUS EMP	LOYMENT					
Employer's name(s)	Your job title	Type of business		From – To	Reason for leaving	

REFERENCES	REFERENCES							
All appointments a	re subject to	the receipt	of satisfactory ref	ference	s. Plea	ase provide	details	
of two appropriate	•	•	•			•		
preferably be your	supervisor (or his/her sup	perior in your cur	rent or	ast job	o. Please do	not	
supply names of re	•		=		•			
Name:			Name:					
Position:			Position:					
Address:			Address:					
0 1 1 1								
Contact tel. no.:			Contact tel. n	10.:				
Please indicate hov			•	,		•		
abilities, etc. (e.g. s	state wnetn	er they are y		visor, n	nanage	er, etc.).		
1.			2.	2.				
BI I						6 6		
Please state wheth	•	• •	-	y time c	or only	arter an on	er or	
employment has be	en made: (uck as appro						
At any time:	Only after off	er:						
OTHER INFORMA				1	ı	1	Т	
Do you have a curr		Ye		No				
Have you any driving endorsements?			T	Ye	S	No		
If yes, give details.								
				1	Т	1	7	
Do you have a pub	.g. are you a	Ye	S	No				
JP/councillor etc.)?			T					
If yes, please give	details.							
What are your hob	bies/interes	ts?						
MEMBERSHIP OF	PROFESS	SIONAL BOD	IES					
Awarding body Grade of meml			embership	Date	attain	ed		
<u>-</u>			<u> </u>					
				1				

Please provide here any other information that may assist your application, including why you believe yourself to be suitable for this job.					
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DECLARA	TION				
I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references and a probationary period and (if the company believes it appropriate) a satisfactory medical report.					
Signed		Date			

PLEASE RETURN THE FORM BY 14th December 2018