

# SHETLAND ISLANDS COUNCIL APPLICATION FOR TEMPORARY EMPLOYMENT



Log No: .....

Please provide the following details for temporary employment.

Shetland Islands Council is registered under the **Data Protection Act 1998**. The information provided on this form will be placed on a database for publication on the Council's intranet and used solely for the purposes of recruitment selection and monitoring within the Council. **Please note that your name/address details will not be made available on this database.**

If you do not wish your details to be made available on the Council's intranet system, please tick here.

I do not wish my details to be made available on the intranet.

### PERSONAL DETAILS

|                        |          |
|------------------------|----------|
| Name: (Mr/Ms/Miss/Mrs) | Address: |
| Home Telephone Number: |          |
| Work Telephone Number: |          |

### TYPE OF EMPLOYMENT SOUGHT (please tick appropriate boxes)

Part-time                       Full-time                       Either   
 Administrative/Clerical       Manual                       Technical

Other (Please Specify):  
 .....

Do you have administrative/clerical work experience?    YES                       NO

If yes, please detail length of experience: Years ..... Months .....

### WORK AVAILABILITY / EXPERIENCE:

I will be available for work    From:     To:

Do you hold a current Driving Licence?    YES                       NO

Please tick the box if you have experience in the following areas:

| ADMIN. SKILLS         | COMPUTER SKILLS     | OTHER SKILLS (Please specify) |
|-----------------------|---------------------|-------------------------------|
| Audio Typing          | Accounting packages |                               |
| Filing                | CHRIS               |                               |
| Keyboard skills       | Databases           |                               |
| Mail room duties      | Desk Top Publishing |                               |
| Reception             | Internet/Email      |                               |
| Shorthand             | Spreadsheets        |                               |
| Telephone/switchboard | Word Processing     |                               |

**EMPLOYMENT/WORK EXPERIENCE HISTORY** (beginning with most recent post)

| Dates of Employment (D/M/Y) | Employer and Address | Job title | Brief Summary of Duties |
|-----------------------------|----------------------|-----------|-------------------------|
|                             |                      |           |                         |

**EDUCATION**

| School             | Qualifications | Date Received                 |
|--------------------|----------------|-------------------------------|
|                    |                |                               |
| College/University | Qualifications | Date Received (if applicable) |
|                    |                |                               |

If selected, we may need to ask your most recent employer for a reference.

If you do not wish your most recent employer to be contacted prior to your approval please tick here.

To the best of my knowledge the information given on this form is correct. I understand that canvassing or giving false information will disqualify my application.

Signed: ..... Date:  
 .....

Thank you for providing the information requested. Please return the form to the following address:

**Shetland Islands Council, Personnel, FREEPOST, 64 St Olaf Street, Lerwick, Shetland, ZE1 OEN (No Stamp Required)**

Shetland Islands Council aims to ensure that all job applications are given equal consideration irrespective of ethnic origin, nationality, sex, marital status or disability.

**AN EQUAL OPPORTUNITIES EMPLOYER**