

APPLICATION FOR EMPLOYMENT

Please note:

Application forms are confidential. When we are short listing applications we will only use the information you give us on Form B.

We will hold on to application forms from unsuccessful applicants for 6 months and, unless you ask us not to, we may contact you about other vacancies.

Application for the post of: Post number:

Your Details

National Insurance Number

Title.....Last NameFirst Name(s).....

(How do you wish to be addressed? – first name)

Address (including post code)
.....
.....
.....

Telephone numbers Work
 Home
 Mobile

Email address

Your preferred method of contact

Have you the right to work in the UK? Yes No

Do you have a car available for work? Yes No

Do you hold a current driving licence? Yes No

Details of driving licences held
(For example, provisional, full or H.G.V.)

Details of any previous motoring offences

South Holland District Council is an equal opportunities employer and welcomes applications from all sections of the community. If you are disabled, please let us know if you have any special requirements relating to interview arrangements:

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.....

State the number of days absence through illness/injury in the last two years. Please explain any single periods of absence which have lasted more than ten days.

.....

Do you have a close personal relationship with any South Holland District Council Councillors or Employees? Yes No

If yes, please provide name and position.....

Criminal convictions

Have you been convicted of any criminal offences, which are not yet spent under the Rehabilitation of Offenders Act 1974?

Yes No If yes, please provide details, and if necessary continue on separate sheet.

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If applying for a position which involves working with children or vulnerable adults ALL convictions / cautions must be declared (regardless of whether deemed as spent). If yes, please provide details; if necessary continue on separate sheet.

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Failure to declare convictions / cautions may result in cancellation of any job offer. All such information will be treated in the strictest confidence and only taken into consideration if strictly relevant.

Allegations and disciplinary action in relation to working with children

If you have been subject to disciplinary action if there have been allegations made in relation to your working with children, this must be disclosed. Any information about past disciplinary action or allegations should be considered in the circumstances of the individual case. All such information will be treated in the strictest confidence and only taken into consideration if strictly relevant.

Have you been the subject of an allegations or disciplinary action in relation to working with children?

Yes No If yes, please provide details relating to the nature of the allegation and the date and / or the Disciplinary action and the date, if necessary continue on separate sheet.

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Referees

The Council's fidelity insurance requires us to obtain one written reference from your current or most recent employer. If this reference covers a period of less than three years, a further reference, from the employer prior to your current or most recent employer is required.

If you are a student, school leaver, returning parent or currently unemployed, please provide us with contact details of two character referees (not relatives). For students and school leavers, one of these referees must be from your school, college or university.

Please tick here if you are happy for us to take up references prior to interview, if you are short listed. Otherwise we will only contact your referees if you are offered a post.

Please note that if you are applying for a position whose duties involve working with children and vulnerable adults, the Council will seek to take up references prior to interview. If you strongly object to us doing this please indicate by placing a tick in this box.

Name.....

Telephone number.....

Address.....

.....

How is this person known to you?.....

Name.....

Telephone number.....

Address.....

.....

How is this person known to you?.....

Please send your completed application form to:
HR Manager (Operations), South Holland District Council,
Council Offices, Priory Road, Spalding, Lincolnshire PE11 2XE
Telephone: 01775 761161 Fax: 01775 711253
Website: www.sholland.gov.uk Email: jobs@sholland.gov.uk

All completed application forms must reach us by the first post on the published closing date. If you are not invited for interview within 4 weeks of the published closing date, please assume that your application has not been successful.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see <http://www.sholland.gov.uk/council/fraud/corporate#nfj> or Customer Services South Holland District Council on 01775161161.

For our use Invite for interview Reference 1 Reference 2 Regret	Interview Venue Date Time Offer – Commencing date Commencing salary	Personal ID Invite for interview yes no
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MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

Professional Body	Status of Membership	Membership by exam? Yes/No	Date acquired

EMPLOYMENT HISTORY

APPOINTMENTS IN REVERSE ORDER (Dates should indicate day, month and year)

1. PRESENT (OR LAST) EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	GRADE/GROSS SALARY

MAIN DUTIES

FULL TIME		PART TIME		PERIOD OF NOTICE REQUIRED	
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REASON FOR LEAVING

2. PREVIOUS EMPLOYER	DATES OF EMPLOYMENT	JOB TITLE	GRADE/GROSS SALARY

MAIN DUTIES

FULL TIME		PART TIME		
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REASON FOR LEAVING

EMPLOYER	DATE OF EMPLOYMENT	JOB TITLE	REASON FOR LEAVING
3.			
4.			
5.			
6.			
If applicable please give dates when your local government service commenced:			
Are you computer literate? Please states Yes or No.			
If yes, which applications are you familiar with?			

Applicant's Statement

Please tell us how well you match the person specification using any relevant experience gained from your current or previous employment, as well as drawing on any skills from community, voluntary work or leisure interests. **Please make sure that you address all of the points marked 'A' on the person specification in your applicant's statement. Try and work through each point logically detailing how you meet the specified criteria. Failure to do so may result in you not being invited to an interview.**

Please continue overleaf if necessary

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form and any information received by or on behalf of South Holland District Council relating to the subject matter of this form, being processed by them in administering the recruitment process.

I declare that all the information on this form is true and correct. I understand that any false statement or omission will normally lead to my dismissal if appointed to this post.

Signature _____ Date _____

All candidates applying for employment via email will be required to sign and date this form if invited to attend an interview.

For our use

Personal ID	Job ref no.
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EQUAL OPPORTUNITIES MONITORING

Our policy on equal opportunities makes sure all applicants receive fair and equal treatment. Applicants are judged only on their ability to do the job. To help us check whether our policy is working we need to record certain details. For this and no other reason, we would be grateful if you would complete the details below.

Our normal retirement age is 65, however we will consider applications if you are over 65, on an individual basis.

The information you provide will not affect the consideration of your application.

Full name: Date of birth:

Post applied for:

Please tick appropriate boxes

Are you

Male

Female

What age group do you belong to?

15 - 19
35 - 39
55 - 59

20 - 24
40 - 44
60 - 64

25 - 29
45 - 49
65 - 69

30 - 34
50 - 54
70 +

What is your Religion or belief?

Buddhist
Christian*
Hindu

Jewish
Muslim
Sikh

Other

*Includes Church of England, Catholic, Protestant and other Christian denominations

What is your sexual orientation?

Bisexual
Other

Gay
Do not wish to state

Heterosexual

Lesbian

How would you describe your ethnic origin?

WHITE

<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Traveller
<input type="checkbox"/>	Gypsy/Romany	<input type="checkbox"/>	Other White background – please specify:				

BLACK OR BLACK BRITISH

<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other Black background – please specify:
<input type="checkbox"/>	African		

ASIAN OR ASIAN BRITISH

<input type="checkbox"/>	Indian	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian background - please specify:

CHINESE OR OTHER ETHNIC GROUPS

<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other – Please specify:
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MIXED

<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other Mixed background – please specify:

How did you first find out about this vacancy? Please tick one box only

<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	SHDC notice board	<input type="checkbox"/>	Word of Mouth
<input type="checkbox"/>	SHDC website				
<input type="checkbox"/>	Other website please name:				
<input type="checkbox"/>	Local Press please name:				
<input type="checkbox"/>	National press/publication please name:				
<input type="checkbox"/>	Other please specify:				

**Do you consider that you have a disability under the Disability Discrimination Act Definition?
(Please read accompanying act)**

No

Yes, please tick the appropriate box/s below

Visual impairment

Restricted mobility

Wheelchair user

Learning disability

Other – Please state

Hearing impairment

Speech impairment

Hidden impairment

Mental health difficulties

THE DISABILITY DISCRIMINATION ACT 1995

Under the Disability Discrimination Act a 'disabled person' is defined as a person with:

'A physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day-to-day activities'.

Long term means that the impairment must last, or be likely to last, for more than 12 months. The Act also covers a person who has had a disability within the definitions even if they have recovered or the effects have become less than substantial.

A condition is regarded as affecting a person's ability to carry out normal day to day activities if it affects one, or more than one, of the following:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight (see note below)
- memory or ability to concentrate, learn or understand; or
- perception of the risk of physical danger

Note: If a person's sight is corrected by glasses or contact lenses, or could be corrected by them, it is the effects on the day to day activities which remain that need to be considered when glasses or lenses are used.

Progressive illnesses, from the point of diagnosis, are also covered under the Disability Discrimination Act; such as:

- all forms of Cancer
- Multiple Sclerosis
- Muscular dystrophy
- HIV