APPLICATION FOR EMPLOYMENT



Please note:

mental health.

- Application forms are confidential.
- When shortlisting only information provided in Form B will be used.
- We will confidentially store applications from unsuccessful candidates for 6 months and, unless you ask us not to, we may contact you about other suitable vacancies.
- Please send fully completed application forms, by the published closing date, to: jobs@cpbs.com or by post to South Holland District Council, Council Offices, Priory Road, Spalding, Lincolnshire PE11 2XE
- The website address for more information is www.sholland.gov.uk

Yes

			<u></u>					
Application fo	or the post of							
Your Details								
Title	First Name/s				Last Name/s			
How do you w	vish to be addres	sed?- (e.g	j. first nar	ne)				
National Insur	rance Number							
A -l -l								
Address								
				Post Code				
		Work						
Contact numb	pers	Home						
		Mobile						
Email address	s							
Preferred met	thod of contact	Work		Home		Mobile	Email	
11	2.166 1.2. 0	1 . 1.11/0				V	NI	
	right to work in the					Yes	No	
Do you have a car available fo						Yes	No	
Do you hold a current driving li						Yes	No	
Details of driving licences held								
(e.g. provisional, full or H.G.V.) Details of any previous motoring								
offences								
SHDC is an equal opportunities employer and welcomes applications from all sections of the community. Do you consider that you have a disability under the Equality Act?*								
Do you con	sider that you h	ave a dis	ability ur	nder the E	quality Act'	?*		

*The definition of disability according to the Equality Act 2010 is: "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities". Long term means more than 12 months. This definition would cover long-term illnesses such as cancer and HIV or

If you have a disability, please detail any special requirements relating to the application and/or interview process.
State the number of day's absence have you had in the last 2 years due to injury / illness.
Please give details of any singe periods of 10 days or more
Do you have any close personal relationships with any South Holland District Council Councillors or Employees?
If yes, please provide name and position
<u>Criminal Convictions</u>
Have you been convicted of any criminal offences, which are not yet spent under the Rehabilitation of Offenders Act 1974?
If yes, please provide details, and if necessary continue on a separate sheet
Does the position you are applying for involve working or contact with children and/or vulnerable
Does the position you are applying for involve working or contact with children and/or vulnerable adults?
If yes, ALL convictions / cautions must be declared (regardless of whether deemed spent). Please provide details, and if necessary continue on a separate sheet
asians, and it hospitally continue on a coparate checking
Failure to declare convictions / cautions may result in withdrawal of a 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 and/or vulnerable adults
If you have been subject to disciplinary action if there have been allegations made in relation to your working with

children and / or vulnerable adults, this <u>must</u> be disclosed. Any information about past disciplinary action or allegations will be considered in the circumstances of the individual case. All such information will be treated in

Have you been the subject of an allegation and / or disciplinary action in relation to working with

the strictest confidence and only taken into consideration if strictly relevant.

children and / or vulnerable adults?

If yes, provide details of the nature of the allegation and date and / or the Disciplinary action and date. Continue on a separate sheet, in necessary

Reference Details

The Council's 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(s), from the employer(s) 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.

Are you are happy for us to take up references prior to interview, if you are short listed?

Otherwise we will only contact your	Otherwise we will only contact your referees if you are offered a post.				
Please note, 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.				
Reference 1					
Name					
Address					
		Post Code			
	Work				
Contact numbers	Home				
	Mobile				
Email address					
How is this person known to you?					
Reference 2					
Name					
Address					
		Post Code			
	Work				
Contact numbers	Home				
	Mobile				
Email address					
How is this person known to you?					

This authority is under a duty to protect the public funds it administers, and 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#nfi or call 01775 761161.

Education, Training, Membership and Associations

FURTHER OR HIGHER EDUCATION	N	
Place of Education	Subjects studied	Level / Grades

School/s attended	Subject studied	Level / Grades

OTHER TRAINING (e.g. Manageme	nt, In-Service Professional, etc)	
College/Institute/other	Subjects studied	Qualifications / level

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS					
Professional Body	Membership status	Membership by exam? Yes / No	Date acquired		

Employment History

APPOINTMENTS IN REVERSE ORDER (Date	es should indicate da	ay, month and year, whe	re possible)
1. PRESENT (OR LAST) EMPLOYER	Dates of Employment	Job Title	Grade / Salary
MAIN RESPONSIBILITIES / DUTIES			
Full time Part time	Notice period		
Reason for leaving	riede peried		
2. PREVIOUS EMPLOYER	Dates of Employment	Job Title	Grade / Salary
MAIN RESPONSIBILITIES / DUTIES			
	N		
Full time Part time	Notice period		
Reason for leaving			

EMPLOYER	Dates of Employment	Job Title	Reason for leaving
3.			
4.			
5.			
6.			
If applicable, give details and dates of all local gove	ernment service		
Are you computer literate?		Yes	No
If yes, list below applications you are familiar with a	and your competence		

Applicant's Statement

Please tell us how you match the person specification using any relevant experience gained from your current or previous employment, as well as any skills gained from community, voluntary work or leisure interests. Please address <u>all</u> essential criteria within the person specification detailing how you meet the specified criteria. Failure to do so may result in your application being unsuccessful.

Continue overleaf if necessary.
Information from this application may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.
The organisation treats personal data collected during the recruitment process in accordance with its data protection policy. Information about how your data is used and the basis for processing your data is provided in the organisations job applicant privacy notice.
I declare that all the information on this form is true and correct. I understand that any false statement o omission will normally lead to my dismissal if appointed to this post.
Signature Date Date