

application form

CONFIDENTIAL WHEN COMPLETE



worcestershire
countycouncil

Directorate

Job Title

Job Reference

Form Serial number

Applicants name

Thank you for requesting an application form for the above vacancy. We will use this form to help decide your suitability for the job so please make sure that it is accurate and complete. You should complete all sections in black ink or typeface to assist with photocopying the form. Please do not send any curriculum vitae or testimonials unless asked to do so.

If you would like a copy of the form in large print, Braille, on audiotape or in Word computer format please contact the person named on the accompanying details.

Please return your completed form no later than the closing date to the address shown below. Late applications may not be considered.

1 Personal Details

Surname/Family Name:	<input type="text"/>	Preferred form of address e.g. Mr. Mrs. etc.	<input type="text"/>
Forename(s)	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Telephone:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
E-Mail:	<input type="text"/>	NI Number:	<input type="text"/>
Address:	<input type="text"/>		
	Postcode: <input type="text"/>		

Two Ticks



Under the 'Two Ticks' Scheme the County Council undertakes to interview disabled people who meet the minimum essential criteria detailed on the person specification.

For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Do you consider that you would qualify for an interview under the Scheme YES NO

If you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system, taping of documents etc., please specify them below:

Canvassing and relationships

If you are related to or have a close personal relationship with an elected Member or an employee of the Council please state their name and relationship to you.

Canvassing may lead to disqualification for appointment

2 Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken which are relevant to this post

Name of School/College/ University attended	From-To	Qualifications including grades	Date obtained
--	---------	------------------------------------	------------------

1 Schools (after age 11)

--	--	--	--

2 Further or higher education (Full and Part-time)

--	--	--	--

3 Professional or other courses including training courses attended, NVQs etc.

	Duration	Name of any qualification awarded and date

4 Current membership of professional organisations

--

5 Driving Qualifications

Do you hold a current, valid full driving licence? Please describe eg Car/LGV/PCV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have access to one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please include any previous experience either paid, unpaid or voluntary starting with the most recent

3a Current

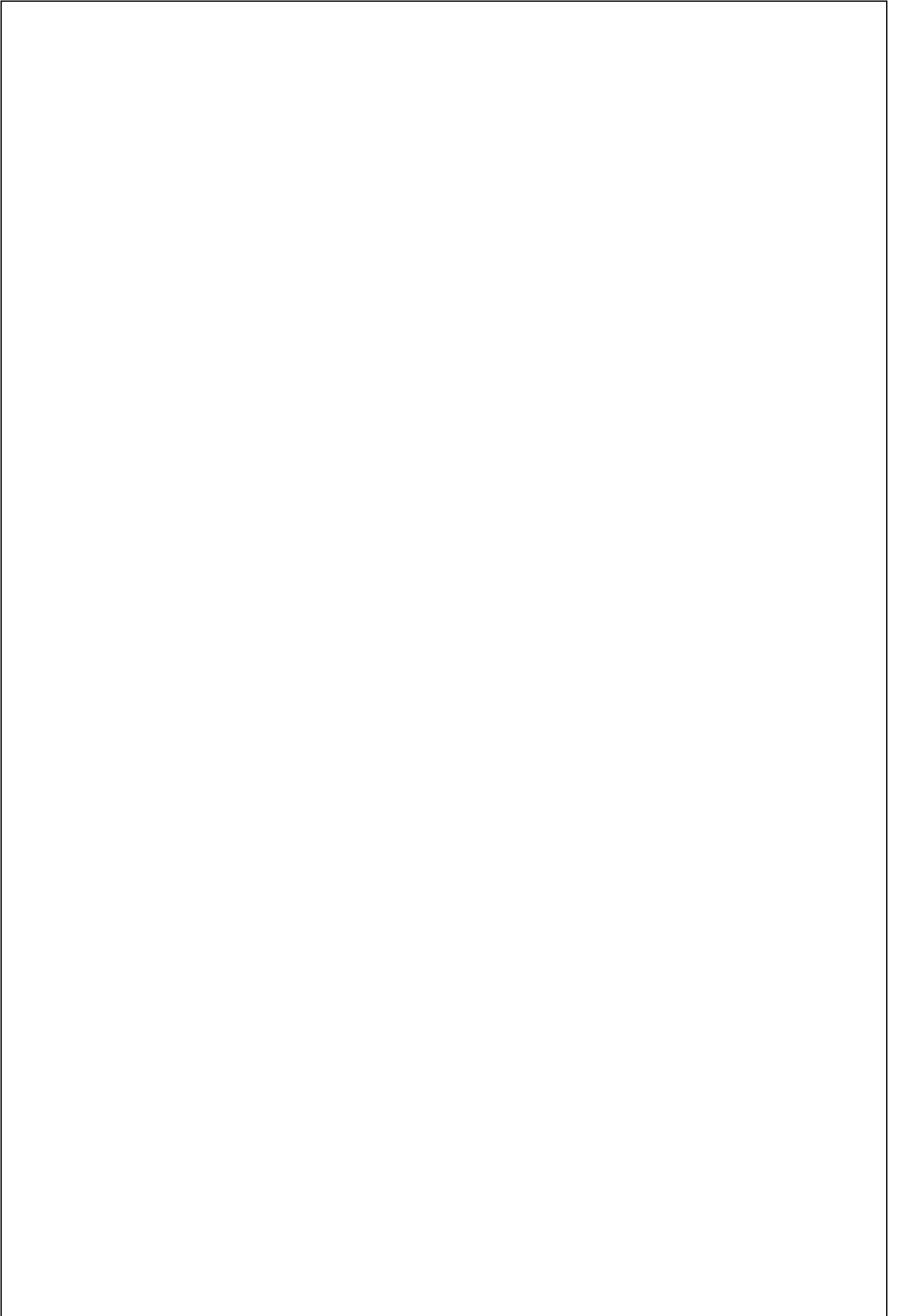
Employer's name and address including work base address if different	Position Held	Present Salary	Date Finished (if appropriate)	Period of Notice
	Duties			

3b Previous

Employer/Organisations (most recent first)	Position held and brief description of duties/responsibilities	Dates Months/Year		Reasons for leaving and final salary
		From	- To	

4 Additional Information

Please explain how your skills, abilities, experience and achievements to date (including leisure and voluntary) would make you a suitable candidate for this post. Please refer to the criteria on the person specification.



5 Convictions/Disqualifications

Please give details and dates of any criminal convictions or driving offences.

EXPLANATORY NOTE

Because the work of this job will involve vulnerable people the County council will check with the Criminal records Bureau to see if you have any criminal convictions. You **must** tell if you have any convictions, bind-overs or cautions even if they are spent under the terms of the Rehabilitation of Offenders Act 1974. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.

You must tick one of the boxes below

I have a criminal conviction or a bind-over or a caution, even if this was a long time ago and even if it would be regarded as spent under the terms of the Rehabilitation of Offenders Act and I attach an additional sheet providing details and dates

Or

I do not have any convictions, bind-overs or cautions.

Driving Offences

I have the following number of penalty points on my driving licence _____

6 References

Please give details of two people, one of which should normally be your current line manager, who are able and willing to comment on your suitability for this job.

Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
Telephone number: <input type="text"/>	Telephone number: <input type="text"/>
Relationship to you e.g. Manager, colleague etc: <input type="text"/>	Relationship to you e.g. Manager, colleague etc: <input type="text"/>
Do you wish to be consulted before this referee is approached Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wish to be consulted before this referee is approached Yes <input type="checkbox"/> No <input type="checkbox"/>

7 Declaration

I confirm that I have read the information given to me about this job and that I do not have any physical or medical impairment, which, without reasonable adjustment would prevent me from carrying out the duties of this job. I declare that all the information given in this application is correct and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn or any contract of employment may be terminated. I also consent to the council recording and processing the information detailed in this application form. I understand that this information may be used by the Council in pursuance of its business purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.

Signature:

Date:



Equal Opportunities Monitoring Form

Worcestershire County Council is committed to the elimination of all forms of unjustifiable discrimination. The County Council will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable the County Council to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** to complete the questions detailed below

This information will be treated as completely confidential and will be used for monitoring purposes only. This information will be detached from the application form on receipt and will not be considered during the selection process.

Please tick as appropriate:

1. Which of the following do you consider to be your ethnic origin?

(tick only one box), see below for explanatory notes.

- | | | |
|---|---|--|
| <input type="checkbox"/> White British (AWB) | <input type="checkbox"/> White and Black Caribbean (BWBC) | <input type="checkbox"/> Indian (CIN) |
| <input type="checkbox"/> White Irish (AWI) | <input type="checkbox"/> White and Black African (BWBA) | <input type="checkbox"/> Pakistani (CP) |
| <input type="checkbox"/> White Other (AWO) | <input type="checkbox"/> White and Asian (BWA) | <input type="checkbox"/> Bangladeshi (CB) |
| <input type="checkbox"/> Chinese (ECH) | <input type="checkbox"/> Mixed Other (BMO) | <input type="checkbox"/> Asian Other (CAO) |
| <input type="checkbox"/> Caribbean (DBC) | <input type="checkbox"/> African (DBA) | <input type="checkbox"/> Black Other (DBO) |
| <input type="checkbox"/> Other Ethnic Group (EOE) (Please describe) | | |

2. Are you Male Female

3. Do you have a disability? Yes No

4. Please tick the age band currently applicable to you

- i. up to 19 ii. 20-29 iii. 30-39 iv. 40-49 v. 50-65 vi. Over 65

Where did you see this post advertised?

Monitoring Form Explanatory Notes

The ethnic groups set out above are those recommended by the Commission for Racial Equality and used in the 2001 Census.

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than one ethnic group, please tick the group to which you consider you belong or tick the 'other ethnic group' box and give details in the space provided above.

© Worcestershire County Council, County Hall, Spetchley Road, Worcester, WR5 2NP