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| **Stotfold Town Council** | | | | | | | | | | | | |
| Application for the post of: | | |  | | | | | | | | | |
| Where did you see this post advertised? | | |  | | | | | | | | | |
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| PERSONAL DETAILS | | | | | | | | | | | | |
| Title: | |  | | | | Date of Birth | | |  | | | |
| Surname | |  | | | | Forenames | | |  | | | |
| Full Address *(multi-line)* | |  | | | |  | | |  | | | |
| Home Tel No | |  | | | |  | | Click or tap here to enter text. | | | | |
| Email Address | |  | | | | | | NI Number | | Click or tap here to enter text. | | |
| Are you related to any Elected Members or employees of Stotfold Town Council? | | | | | | | | | | Yes | | No |
| If YES please give name(s) and relationship | | | | | Click or tap here to enter text. | | | | | | | |
| Do you have a current driving licence? | | | Yes  No | | | | If YES Licence Status | | | | Full  Prov | |
| Do you have regular use of a vehicle? | | | Yes  No | | | | Please give details of any penalty points and/or driving ban in the last five years | | | |  | |
| If you have a disability which you wish to be considered in the recruitment process, please give brief details on a separate page. You are not required to declare any disability that you may have at this stage of the recruitment process. | | | | | | | | | | | | |

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| **EDUCATION & QUALIFICATIONS** | |
| Name of school, college, university, organisation etc. | Examinations taken or to be taken INCLUDING RESULTS (with grades) and details of any courses attended. You may be asked to produce evidence of examination results *(multi-line)* |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **PRESENT OR MOST RECENT EMPLOYMENT** | | | | | |
| Name of Employer | Click or tap here to enter text. | | | | |
| Full Address of Employer including postcode *(multi-line)* | Click or tap here to enter text. | | | | |
| Job Title | Click or tap here to enter text. | | | | |
| Date of appointment | Click or tap here to enter text. | | | Present Salary | Click or tap here to enter text. |
| Period of notice required (if applicable) | Click or tap here to enter text. | Reason for leaving (if applicable) | Click or tap here to enter text. | | |
| Please give a brief description of your major duties and responsibilities *(multi-line)*. You can use another page if necessary: | | | | | |
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| **PREVIOUS EMPLOYMENT** (Please list your previous five employers and other relevant employment) | | | | | | | |
| Employer | Dates | | | | Post Title and Nature of Duties *(multi-line)* | | |
| From | | To | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** You may be asked to produce evidence of membership | | | | | | | |
| Institution or Society | | Class of membership | | Date obtained | | State if by examination | Prizes or awards |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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| **INFORMATION TO SUPPORT YOUR APPLICATION**  Please explain why you are applying for this vacancy and how you meet the Person Specification for this post by making reference to previous experience and training.  You may continue a separate sheet if necessary *(multi-line)* | | | | | | | |
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| **TRAINING**  Please give details of any courses you have completed which you think are relevant to this post: | | | | | | | | |
| **INTERESTS, HOBBIES AND SPORTS**  Please give brief details of your interests outside work, including membership of clubs and any voluntary work you undertake which may be relevant to the post | | | | | | | | |
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| **REFERENCES** | | | | | | | | |
| Please give the names and addresses of two people, who are not relatives and with whom you do not have or have not had a close personal relationship, one of whom should be your present employer, or last employer, if not currently employed. If you are a student, then your head teacher or tutor should be named. | | | | | | | | |
| **REFEREE 1** May we contact this referee without further authority from you? | | | Yes  No | |  | | | |
| Name | Click or tap here to enter text. | | | | | | | |
| Address *(multi-line)* | Click or tap here to enter text. | | | | | | | |
| Tel No | Click or tap here to enter text. | | | | | | | |
| Email Address | Click or tap here to enter text. | | | | | | | |
| In what capacity does this person know you? | | | | |  | | | |
| **REFEREE 2** May we contact this referee without further authority from you? | | | | Yes  No | | |  | |
| Name | | Click or tap here to enter text. | | | | | | |
| Address  *(multi-line)* | | Click or tap here to enter text. | | | | | | |
| Tel No | | Click or tap here to enter text. | | | | | | |
| Email Address | | Click or tap here to enter text. | | | | | | |
| In what capacity does this person know you? | | | | | | Click or tap here to enter text. | | |

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| **DECLARATIONS** | | | |
| Rehabilitation of Offenders Act 1974. Candidates need not give details of spent offences except where the post is exempt from the Rehabilitation of Offenders Act 1974. If you are applying for a post which is exempt from the Rehabilitation of Offenders Act 1974 this will be specified in the job details and a criminal record check through the Criminal Records Bureau may be required before an appointment is confirmed. | | | |
| Have you any unspent criminal convictions | | Yes  No | **If YES**, please give brief details below:- |
| Date | Click or tap to enter a date. | Nature of offence | Click or tap here to enter text. |
| Court | Click or tap here to enter text. | | |
| Sentence | Click or tap here to enter text. | | |
| Are you related to any Councillor or employee of this council? | Yes  No  I understand that canvassing of Councillors or Officers, either directly or indirectly, will disqualify me application. | | |
| Right to Work in UK | Are you legally entitled to work in the UK? Yes  No  *We will require evidence of this prior to commencing employment* | | |
| I declare that the information given in this application is to the best of my knowledge true and complete.  **Data Protection**  The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.  I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT BELOW.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Declaration**  I confirm that the information given on this application form is, to the best of my knowledge and belief true and complete in all respects. I understand that should I have deliberately made a false or misleading statement on this form deemed to be a deliberate attempt to deceive will disqualify the application or, if already in post, will result in the employment being terminated.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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**STOTFOLD TOWN COUNCIL**

**Position Applied for:**

Stotfold Town Council is committed to equal opportunities in employment and seeks to ensure that no candidate is treated less favourably on the grounds of age, race, colour, ethnic origin, sex, marital status, or disability. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will stay confidential.

**Gender** Man \* Woman \* Non-binary \* Prefer not to say \*

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes \* No \* Prefer not to say \*

**Age** 16-24\* 25-29 \* 30-34 \* 35-39\* 40-44 \* 45-49 \*

50-54 \*55-59 \* 60-64 \* 65+ \* Prefer not to say \*

**What is your ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English \* Welsh \* Scottish \* Northern Irish \* Irish \* British \* Gypsy or Irish Traveller \* Prefer not to say \* Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean \* White and Black African \* White and Asian \* Prefer not to say \* Any other mixed background, please write in:

***Asian/Asian British***

Indian \* Pakistani \* Bangladeshi \* Chinese \* Prefer not to say \*

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African \* Caribbean \* Prefer not to say \* Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab \* Prefer not to say \* Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual \* Gay woman/lesbian \* Gay man \* Bisexual \* Prefer not to say \* If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief \* Buddhist \* Christian \* Hindu \* Jewish \*

Muslim \* Sikh \* Prefer not to say \* If other religion or belief, please write in:

**What is your current working pattern?**

Full-time \* Part-time \* Prefer not to say \*

**Do you have caring responsibilities? If yes, please tick all that apply**

None \* Primary carer of a child/children (under 18) \*

Primary carer of disabled child/children \*

Primary carer of disabled adult (18 and over) \* Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \*

Prefer not to say \*

I understand that this information may be stored confidentially and processed as part of the Council’s monitoring of equal opportunities only in accordance with its obligations under the Equality Act and I give my consent to my details to be used for this purpose.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your co-operation.**