



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, on audiotape or in Word computer format please contact us.

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

**Central Recruitment Team
Corporate Services, Human Resources
County Hall, Spetchley Road
Worcester
WR5 2NP
Or
jobs@worcestershire.gov.uk**

The information on this form will be used for the purposes of selection and the forms will be retained for at least twelve months. The form of the successful candidate will form a part of their employee file and may be used for a number of employment related purposes.

1 Personal Details

Surname/Family name:

Preferred form of address
e.g. Mr. Mrs. etc.

Forename(s)

Date of birth:

Previous name(s)

Home telephone:

Work telephone:

NI Number:

email:

Address:

Postcode:

Disability

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.

Please confirm therefore whether you have a disability 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:

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, status within the organisation and relationship to you.

Canvassing may lead to disqualification for appointment

Health

Please state number of days sickness in last 24 months, which caused you to be absent from work or study, with reasons:

2 Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken which are relevant to this post. You may be asked to provide documentary evidence.

Name of School/College/ University attended	From - To	Qualifications including grades	Date obtained
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1 Schools (after age 11)

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

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

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

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

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5 Driving Qualifications (all applicants should complete but this will only be used where relevant)

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

3 Employment / Work Experience

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

3a Current or most recent

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

3b Previous

Employer/Organisations (most recent first)	Position held and brief description of duties/responsibilities	Dates Month/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 enclosed person specification.

(Continue on a maximum of one additional A4 sheet if necessary)

5 Convictions/Disqualifications

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

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 us 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 the job offer in relation to this form.

You **must** tick one of the two 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:	Name:
Address:	Address:
Telephone number:	Telephone number:
e-mail:	e-mail:
Relationship to you e.g. manager, colleague etc:	Relationship to you e.g. manager, colleague etc:
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 have read the information given to me about this job. I confirm 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.

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"/> Mixed Other (BMO) | <input type="checkbox"/> Asian Other (CAO) |
| <input type="checkbox"/> Caribbean (DBC) | | |
| <input type="checkbox"/> African (DBA) | <input type="checkbox"/> Chinese (ECH) | |
| <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

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.

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.

