

Office Use Only	App No:	
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# Job Application Form

All personal information supplied on this form will be treated as **STRICTLY CONFIDENTIAL**



## Application for Employment

### Personal details

Your title			
First name			
Middle names(s)			
Last name			
Your full address (including postcode)			
Home phone number			
Mobile phone number			
Other phone number (e.g. work)			
Email address			
How would you prefer that we contact you? Please ✓ your preference	Home phone		Mobile phone
	Other phone		Email

Which position are you applying for?	
How did you hear about this vacancy?	

## Employment History

Please provide a detailed employment history, starting with your current or most recent position.

**As a minimum, you are required to provide information for the previous 3 years of your employment.**

If there are any gaps in your employment history of 6 calendar months or more, you will need to provide a personal reference to cover this period, in the References Section.

Name of employer or business			
The business's full address (including postcode)			
Your job title or your job role with this organisation			
The date were you appointed(mm/year)		Date you left this post (if applicable)	
What was your final salary in this post?	£	Required length of notice(if applicable)	
Please provide an overview of your key responsibilities and duties that relate to the post you are applying for.			

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Please provide an overview of your key responsibilities and duties that relate to the post you are applying for.

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**Education History**

Please provide a detailed history of your secondary and/ or further education, starting with the most recent.

Name of school, college or training establishment	
Details of qualifications gained	

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### Professional Achievements

Please provide details of your personal achievements & memberships of professional bodies.

Name of the professional qualification or professional membership			
What is the status of this membership? (✓ below as applicable)			
Current	<input type="checkbox"/>	Lapsed	<input type="checkbox"/>
		Working towards	<input type="checkbox"/>
Any additional relevant details			

Name of the professional qualification or professional membership			
What is the status of this membership? (✓ below as applicable)			
Current	<input type="checkbox"/>	Lapsed	<input type="checkbox"/>
		Working towards	<input type="checkbox"/>
Any additional relevant details			

Name of the professional qualification or professional membership			
What is the status of this membership? (✓ below as applicable)			
Current	<input type="checkbox"/>	Lapsed	<input type="checkbox"/>
		Working towards	<input type="checkbox"/>
Any additional relevant details			

### Rehabilitation of Offenders

Convictions are as defined in the Rehabilitation of Offenders Act 1974. Please be aware that failure to disclose any convictions, which are not “spent” may lead to your dismissal from the Council.

Have you any unspent convictions? (✓ as applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe the offence and the date of conviction of this unspent conviction.				

Rehabilitation continued

Are you currently the subject of any criminal proceedings or convictions? (✓ as applicable)	Yes		No	
If yes, please provide details.				

**Supporting Information**

Please outline below, your reasons for applying for this post

With reference to the personal specification for this post, please describe below how your skills, knowledge and abilities, meet this specification.

Please provide details below of any additional skills and experiences that you consider will support your application.

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**Relationships with Council Members or officers**

Are you related to any currently serving Councillor, Council employee or a partner of either? (✓ as applicable)	Yes		No	
If yes, please provide full details.				

## References

You should provide at least 2 referees who can comment on your professionalism and work ability. You are required to provide ample referees to cover at least 3 years of your employment. Any gaps of 6 months or more will require a personal reference.

Full name of Referee				
What position or job role does this referee hold				
Please enter the full contact address of this referee ( including postcode)				
What dates does this reference relate to?	Start Date		End Date	
What category of reference is this?(✓ as applicable below)				
Employment		Education		
Voluntary work		Training		
Personal Reference				

Full name of Referee				
What position or job role does this referee hold				
Please enter the full contact address of this referee ( including postcode)				
What dates does this reference relate to?	Start Date		End Date	
What category of reference is this?(✓ as applicable below)				
Employment		Education		
Voluntary work		Training		
Personal Reference				

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Employment		Education		
Voluntary work		Training		
Personal Reference				



## Equality Monitor

- What age range are you in (please ✓ as applicable)

Under 16		17-25 years		26 to 35 years	
36 – 45 years		46 to 55 years		56 to 65 years	
66 to 75 years		76 years or over			

- What race would you describe yourself as? (please ✓ as applicable)

<b>White</b>					
Please choose a sub-category for White below					
British		Irish		Polish	
Lithuanian		Other			

<b>Mixed Multi ethnic</b>					
Please choose a subcategory for Mixed Multi ethnic below					
White and black Caribbean		White and black African		White and Asian	
Arab		Other			

<b>Asian or Asian British</b>					
Please choose as sub-category for Asian or Asian British below					
Indian		Pakistani		Bangladeshi	
Nepali		Other			

<b>Chinese or other Eastern</b>					
Please choose as sub-category for Chinese or other Eastern below					
Chinese		Philippine		Vietnamese	
Thai		Other			

<b>Black</b>					
Please choose as sub-category for Black below					
Caribbean		African		British	
Other					

<b>Gypsy and Traveller</b>					
Please choose as sub-category for Gypsy and Traveller below					
Irish		Romany		Other	

<b>Other Race</b>		
Please describe what you mean by selecting Other Race		

- Religious Beliefs

Which of these categories, best describes your religious beliefs?

(Please ✓ as applicable)

Christianity		Judaism	
Buddhism		Islam	
Hinduism		Sikhism	
Other Religion		Prefer not to say	

Please describe what you mean by selecting Other Religion	
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- Relationship status

Which of these categories, best describes your relationships status ?

(Please ✓ as applicable)

Married		Married and Separated	
Single		Widowed	
Divorced		In Civil Partnership	
Living with partner		Prefer not to say	
Other relationship			

Please describe what you mean by selecting Other relationship	
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- Gender identity

Which of these statements best describes your gender identity?

Please ✓ as applicable)

Female		Male	
Female to male transgender		Male to female transgender	
None of these		Prefer not to say	

- Sexual Orientation

Which of these statements best describes your sexual orientation?

Please ✓ as applicable)

Heterosexual (people of the opposite sex)		Bisexual (people of either sex)	
Gay ( both men)		Lesbian (both female)	
None of these		Prefer not to say	

- Pregnancy and equality

The Equality Act 2010 protects women who are pregnant or have given birth within a previous 26 week period.

Are you pregnant at this time?	Yes	
	No	
Have you recently given birth? (within the last 26 weeks)	Yes	
	No	
	Prefer not to say	

- Disability, impairment and equality

The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period) or substantive adverse effect on their ability to carry out day to day activities.

Please note that all disabled applicants who demonstrate that they meet the essential criteria as described in the person specification, will be shortlisted for interview. They will also be provided the opportunity to outline any reasonable adjustments that may be required.

Do you consider yourself to have any long term conditions that affect your personal health?	Yes	
	No	

If you have answered yes to the question above, please provide the following information.

Please describe any physical impairment you have	
Please describe any sensory impairment you have	
Please describe any mental health condition you have	
Please describe any learning disability or difficulties you have	
Please describe any long term illness you have	
Please add any additional information that will help to describe your impairment.	

## Declaration

To the best of my knowledge, I declare that the information contained in this application form is accurate and correct.

Your Full Name	
Your signature	
Date of signing this declaration	

All information contained in this application form will be treated as strictly confidential and only used for recruitment purposes.

By supplying this information, I am providing consent for Eden District Council to process this information for employment purposes, as defined in the Data Protection Act of 1998.

I understand that any offer of employment may be rescinded or any employment terminated if; any information provided is false, I cannot provide evidence of qualifications or suitable references or if I do not have the right to work in the United Kingdom.

Please complete and return this application form to:

Human Resources Department

Eden District Council

Town Hall

Penrith

CA11 7QF

Email: human [resources@eden.gov.uk](mailto:resources@eden.gov.uk)

Telephone; 01768 212210