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| Office Use Only  | App No:  |  |

# Eden District Council LogoJob 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 (eg 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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| --- | --- |
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|  |  |
| --- | --- |
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| --- | --- | --- | --- |
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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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| --- | --- |
| Details of qualifications gained |  |

### Professional Achievements

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

| Name of the professional qualification or professional membership  |  |
| --- | --- |
| What is the status of this membership? (✓ below as applicable) |
| Current |  | Lapsed |  | Working towards |  |
| Any additional relevant details |

| Name of the professional qualification or professional membership  |  |
| --- | --- |
| What is the status of this membership? (✓ below as applicable) |
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| 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 |  | No |  |
| 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. |
| --- |
|  |

### 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 |  |  |

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| 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)

| **White** |  |
| --- | --- |
| Please choose a sub-category for White below |
| British |  | Irish |  | Polish |  |
| Lithuanian |  | Other |  |  |

| **Mixed Multi ethnic** |  |
| --- | --- |
| Please choose a subcategory for Mixed Multi ethnic below |
| White and black Caribbean |  | White and black African |  | White and Asian |  |
| Arab |  | Other |  |  |

| **Asian or Asian British** |  |
| --- | --- |
| Please choose as sub-category for Asian or Asian British below |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Nepali |  | Other |  |  |

| **Chinese or other Eastern** |  |
| --- | --- |
| Please choose as sub-category for Chinese or other Eastern below |
| Chinese |  | Philippine |  | Vietnamese |  |
| Thai |  | Other |  |  |

| **Black** |  |
| --- | --- |
| Please choose as sub-category for Black below |
| Caribbean |  | African |  | British |  |
| Other |  |  |  |  |

| **Gypsy and Traveller** |  |
| --- | --- |
| Please choose as sub-category for Gypsy and Traveller below |
| Irish |  | Romany |  | Other |  |

| **Other Race** |  |
| --- | --- |
| Please describe what you mean by selecting Other Race |  |

Which of these categories, best describes your religious beliefs?

* 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 |  |
| --- | --- |

* Relationship Status

Which of these categories, best describes your relationship 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 |  |
| --- | --- |

* 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 |  |

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

* Disability, Impairment and Equality
* Pregnancy and Equality

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

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

Telephone: 01768 212210