**Application Form- Private and Confidential**

# Please Note That CVs Will Not Be Considered

***The Council is an equal opportunities employer and welcomes all applications***

*Please complete ALL sections in type or black ink and use only A4 size paper as continuation sheets as required. Page 8-10 will be detached from the rest of the application and will be held in compliance with GDPR*

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| --- |
| Job Details |
| Post applied for: |  | Job Reference: |  |
| Personal Details |
| Family Name: | Forename(s): |
| Preferred title (eg Mr/Mrs/Miss/Ms/Dr/Other): |
| Address:Post Code: |
| Telephone numbersHome: | Mobile:Work: (OK to contact?) |
| Personal email: |
| **Asylum and Immigration Act 1996.****It is a criminal offence to employ persons whose immigration status prevents them from working in the United Kingdom. Prior to appointment, you will be required to provide evidence of a passport or other documents on the approved list to satisfy Southwater Parish Council that the Asylum and Immigration Act 1996 is being complied with.** |
| Do you require a work permit to work in the UK? |  Yes No |
| References*(please refer to the Guidance Notes for Job Applicants)* |
| Name: | Name: |
| Job Title: | Job Title: |
| Name of Organisation: | Name of Organisation: |
| Address:Post Code: | Address:Post Code: |
| Tel No: | Tel No: |
| How long have you know this person and in what capacity? | How long have you know this person and in what capacity? |
| Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) | Are you happy for us to contact this referee prior to interview? Yes/No (please indicate) |
| **Name of Applicant:****(please print your name clearly)** |  |

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| --- |
| Present or Most Recent Employment |
| Name & Address of employer:Post Code: |
| Job Title: | Dates employed: |
| Current or final salary: | Period of notice required: |
| Why are you thinking of leaving / why did you leave? |
| Please give a brief outline of your main responsibilities and achievements: |
| Previous Employment*Please list all previous employment in chronological order (most recent first)* |
| DatesFrom to | Name & Address of Employer | Job Title and outline of main responsibilities | Reason for leaving |
|  |  |  |  |

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| Education & Qualifications*Please give details of all educational qualifications obtained and those currently being pursued* |
| Name of School, College, University, etc | Dates attendedFrom/to | Subjects studied / Qualifications worked towards | Grades and year obtained |
|  |  |  |  |

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| TRAINING*This includes trade/professional training, government training schemes,**apprenticeships, short courses and secondments* |
| Course Title | Organisation | Dates |
|  |  |  |

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| --- |
| Membership of Professional Institutes |
| Institute | Level of Membership | Year of Award |
|  |  |  |

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| --- |
| Other ExperienceDetails should be given for any period not accounted for by full-time employment, education*and training, eg unemployment or voluntary work.* |
| Experience | From/To |
|  |  |

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| --- |
| Information in Support of Your ApplicationIf further space is needed, please continue on a separate A4 sheet. |
|  |
| The Working Time Regulations 1998*(please refer to the Guidance Notes for Job Applicants)*Employment which you intend to continue if successfully appointed to the post applied for.*Please complete and sign either Part 1 or Part 2. Please declare any other job whether it is with local authorities, public bodies or with private companies.* |
| Part 1 – No other EmploymentI confirm that I do not have any other employment.Signature: Print Name: Date:  |
| **Part 2 – Other** **Employment (including any freelance or self-employed work)**All other employment that I have is detailed below: |
| Job Title & Organisation | Number of hours per week including overtime | Start Time*(please use 24 hour clock)* | End Time*(please use 24 hour clock)* |
|  |  |  |  |
| Signature: Print Name: Date:  |

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| Rehabilitation of Offenders Act 1974 |
| Please give details of any “unspent” convictions as defined in the Rehabilitation of Offenders Act 1974. AirS uses the Criminal Records Bureau (CRB) Disclosure service to assess applicants’ suitability for positions of trust. Unless the nature of the position allows AirS’ interviewing managers to ask questions about your entire criminal record we only ask about “unspent” convictions. |
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| Additional Information |
| **Driving Licence:** |
| Do you hold a current driving licence? |  Yes No | Are you a car owner or do you have access to a car? |  Yes No |
| If YES, please state the type of licence you hold: |
| Do you have any current endorsements? |  Yes No |
| If YES, please specify: |

|  |
| --- |
| Declaration |
| I declare that the information contained in the application form and the attached equal opportunities monitoring form is true and correct. I understand that any false or misleading information, or omissions concerning criminal convictions, may disqualify my application or may render my Contract of Employment, if I am appointed, liable to dismissal without notice.**Data Protection**:Please note that all recruitment documents, including application forms, for unsuccessful applicants will be kept in secure conditions for a period of 12 months, after which they will be destroyed.I understand that if the position I am applying for involves contact with vulnerable groups, if I am successful, an Enhanced CRB Disclosure will be applied for.If I accept employment with [insert name of Council], I consent to my personal information being held by the organisation for the administration of my Contract of Employment. Signed: Date:Name:*If this form has been completed electronically, please tick box to indicate your consent and, if you are invited for interview, please remember to bring a signed copy of this form with you.*  |

**Brief Guidance Notes for Job Applicants**

Please complete the different sections of the application form to the best of your ability and only append additional sheets when you have run out of space.

# Equality of Opportunity

The use of our own Application Form rather than individual CVs helps to ensure equality of opportunity during the selection process. Please note therefore that CVs will be disregarded.

# Information in Support of your Application

This is your opportunity to tell us why we should offer you the position.

Please give your reasons for applying for this post and explain how you meet the person specification, in particular the essential criteria, ensuring that you give evidence and examples of how your skills, knowledge and experience meet these short-listing requirements. If further space is need, please continue on a separate A4 sheet.

When posts require regular travel throughout Sussex, if you do not have a driving licence or access to private means of transport, you will need to demonstrate how you will meet this criterion.

# Working Time Regulations 1998

The Working Time Regulations were introduced in 1998 as a health and safety measure. Average weekly working hours are limited to 48 hours (normally calculated over a 17 week period.)

Employers are required to take all reasonable steps to ensure that the limits to working times are not exceeded. This includes inquiring whether a person is working elsewhere. All applicants are therefore asked to declare all other employment.

Please note that if you do have other jobs, your application will still be assessed on your suitability to do the job you are applying for. At this stage, any other jobs you declare will be ignored. If you are selected for interview, the implications will be carefully discussed with you. Southwater Parish Council may consider it necessary to discuss the situation with your other employer (s) but only with your permission.

Depending on the overall situation and the outcome of discussions with you, Southwater Parish Council will have the following options:

* Not to offer you the appointment.
* Offer the appointment on reduced hours.
* Offer the appointment providing the other work is relinquished (or the hours reduced).
* Offer the appointment and enter into an agreement with you to opt out of the weekly working time limit.

# References

A minimum of two references is required and we would prefer them to be your two most recent employers including your current employer, if you are in employment. If you have only just finished your education and have little or no work experience, please provide a referee from your school, college or university as well as a personal referee. If in the job advertisement, the position is subject to a successful DBS check, at least one referee must be someone who has directly supervised you in a similar role. References will not be taken up without your prior agreement.

**Southwater Parish Council**

**CONFIDENTIAL**

**(OPTIONAL)**

**Equal opportunities recruitment monitoring form**

Southwater Parish 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 optional. The information you provide will stay confidential. The information you provide is used solely for monitoring purposes. It will be treated as confidential and will not be taken into account during the shortlisting and selection process.

**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. In returning this form, I give my consent to my details to be used for this purpose. ☐

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