



Application for Employment

For Office Use Only: Ref No: _____/_____

If you require advice or assistance in completing your application form please contact the Sleaford Town Council office on 01529 303456

Please read the guidance notes attached at the back of this form carefully, before completing this form. Please complete in black ink or type.

Post applied for:

Title:

Surname:

First Name:

Address:

Postcode:

Contact Details

Home Telephone:

Mobile:

Work Telephone: (if we may call you there)

Email:

National Insurance Number:

Have you the right to work in the U.K.?

Yes*¹

No

*¹ (See Guidance Notes)

Disability

Do you consider yourself to have a disability? *²

Yes*

No

*If yes, would you require any reasonable adjustments to be made to the duties and/or to the building in order for you to be able to do the job or be interviewed?

*² (See Guidance Notes)

Do you have a relationship with any Councillor or employee of the Council?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
If yes, please give details * ³ (See Guidance Notes)	
Have you ever been convicted of a criminal offence?* ⁴	<input type="checkbox"/> Yes* <input type="checkbox"/> No
If yes, please give details unless exempted under the Rehabilitation of Offenders Act (1974) * ⁴ (See Guidance Notes)	

References * ⁵ (See Guidance Notes)			
Reference 1	Title:	Surname:	First Name:
Position:			
Address:			
Email:		Telephone Number:	
Reference 2	Title:	Surname:	First Name:
Position:			
Address:			
Email:		Telephone Number:	
If you are selected for interview may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Local Government Continuous Service Date: (if applicable)			

I apply for the post shown at the head of the form. I declare that the details are true, complete and correct. I understand that any false statement or omission will normally lead to my being dismissed if appointed to this post.

I understand that I will be privy to confidential information whilst I am working for the Council and that I will treat such information with discretion.

Signature of applicant: _____ Date: _____
*⁶ (See Guidance Notes)

Pages 1 and 2 are detached and retained by the office. They do not form part of the selection process.

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Most Recent Employer

Name:

Address:

Job Title:

Salary:

Period of Employment:

Notice Period:

Main Duties of Job:

Qualifications

(Please list all qualifications relevant to this post including professional qualifications)

Examinations Taken	Result	Examination Taken	Result

Are you a member of a professional body? Yes No

Name of Body, Level and Membership Number:

Courses attended (professional or work related):

If the job information indicates that the use of a vehicle is required do you have:

A current full car driving licence? Yes No

HGV licence? Yes No

A current full motorcycle licence? Yes No

A car available for work? Yes No

Any endorsements? Yes No *If yes, please provide details:

Personal Statement: ** (See Guidance Notes)

Data Protection

All information provided on this form will be handled in accordance with the Data Protection Act 1998 and General Data Protection Regulations 2018. The information will be used for recruitment and personnel functions by the Council and will not be disclosed except in accordance with the law.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For Office Use Only: Ref No: _____/_____

Name:

Equal Opportunities Monitoring

The Council is an Equal Opportunities Employer. We are committed to ensuring all recruitment processes are non-discriminatory and that no potential or current employee is treated less favourably on the ground of sex, sexual orientation, gender reassignment, marriage and civil partnership, race, pregnancy and maternity, religion or belief, disability or age. To assist the Council in monitoring our performance in relation to equal opportunities, you are asked to provide the following information.

Completion is optional and is used for recruitment statistical monitoring purposes only.

Age:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
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Marital Status Single Married Civil Partnership Cohabiting Divorced

Disability - Do you consider yourself to have a disability?*² Yes No *² See Guidance Notes

Ethnic Origin – How would you describe your ethnic origin?

White British Irish Other

Asian and Asian British Indian Pakistani Bangladeshi Other

Chinese

Mixed White and Black Caribbean White and Black African White and Asian
 Other

Black or Black British Caribbean African Other

Other Ethnic Group If other please specify:

Religion or Belief Baha'i Buddhist Christian Hindu Jewish

Muslim Parsi Rastafarian Sikh Other (Please State)

How did you learn about this vacancy?

All information provided will be retained for recruitment and statistical monitoring purposes ONLY.