



## 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 complete clearly 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

No

**Disability:**

Do you consider yourself to have a disability?  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?

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

<b>References:</b>			
<b>Reference 1</b>	Title:	Surname:	First Name:
Position:			
Address:			
Email:		Telephone Number:	
<b>Reference 2</b>	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: \_\_\_\_\_

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**Most Recent Employer**

Name:

Address:

Job Title:

Salary:

Period of Employment:

Notice Period:

Main Duties of Job:

**All Previous Employment (Paid or Unpaid)**

<b>Name of Employer</b>	<b>Job Title</b>	<b>Brief Description of Duties</b>	<b>Length of Employment</b>

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

<b>Examinations Taken</b>	<b>Result</b>	<b>Examination Taken</b>	<b>Result</b>

**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:**

**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.

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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.**

<b>Age:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Nationality:</b>
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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.**