

SEFTON COUNCIL

APPLICATION FOR EMPLOYMENT

C O N F I D E N T I A L

IMPORTANT NOTE:
APPLICANTS SHOULD READ
THE ENCLOSED GUIDANCE
NOTES CAREFULLY BEFORE
COMPLETING THIS
APPLICATION FORM IN
BLACK INK OR TYPESCRIPT
**CVs MUST NOT BE
SUBMITTED IN PLACE OF
THIS FORM**

FOR SCHOOL SUPPORT STAFF APPOINTMENTS

1. POST DETAILS

POSITION APPLIED FOR:	GRADE:
DEPARTMENT/SECTION/ESTABLISHMENT:	
VACANCY REF NO:	

2. PERSONAL DETAILS

SURNAME:	NI NUMBER:
FORENAME (S):	WORK TEL NO:
ADDRESS:	HOME TEL:
	MOBILE TEL NO:
	E-MAIL ADDRESS:
POST CODE:	
DO YOU HOLD A CURRENT DRIVING LICENCE? YES/NO _____	
IF YES, IS IT PROVISIONAL _____ FULL _____ OTHER e.g. MOTORCYCLE, HG,PCV _____ ?	
(Please specify)	
DO YOU HAVE ANY ENDORSEMENTS/PENALTY POINTS, IF SO PLEASE GIVE DETAILS:	
DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? YES/NO _____	
ARE YOU APPLYING FOR THIS POSITION UNDER A GOVERNMENT EMPLOYMENT SCHEME SUCH AS NEW DEAL? IF SO, PLEASE SPECIFY:-	

3. EDUCATION AND TRAINING

SECONDARY EDUCATION			
SECONDARY SCHOOLS/COLLEGES ATTENDED	DATES		QUALIFICATIONS ATTAINED (SUBJECTS AND GRADES)
	FROM	TO	

FURTHER EDUCATION			
COLLEGES AND/OR UNIVERSITIES ATTENDED	DATES		QUALIFICATIONS ATTAINED (SUBJECTS AND GRADES)
	FROM	TO	

OTHER RELEVANT TRAINING
<i>(Please include organisation, date and duration)</i>

MEMBERSHIP OF PROFESSIONAL OR TECHNICAL BODIES			
TITLE	DATE	LEVEL/GRADE	BY EXAMINATION YES/NO ___
			YES/NO ___
			YES/NO ___
			YES/NO ___
			YES/NO ___

4. EMPLOYMENT DETAILS

PRESENT EMPLOYMENT (If applicable)	
JOB TITLE:	
NAME OF EMPLOYER AND FULL ADDRESS:	BRIEF DESCRIPTION OF DUTIES:
POST CODE:	
TEL No:	DATE APPOINTED::
SALARY GRADE AND/OR RANGE:	CURRENT SALARY:
OTHER BENEFITS/ALLOWANCES	NOTICE REQUIRED:

PREVIOUS EMPLOYMENT - STARTING WITH MOST RECENT			
DATES FROM TO	POSITION HELD GRADE/SALARY	EMPLOYER'S NAME AND ADDRESS	REASON FOR LEAVING

[Please continue on a separate sheet if necessary]

5. EXPERIENCE / ACHIEVEMENTS

PLEASE GIVE DETAILS OF YOUR KNOWLEDGE SKILLS AND EXPERIENCE (INCLUDING OUTSIDE INTERESTS, VOLUNTARY WORK, AND EMPLOYMENT SCHEME ATTENDANCE) WHICH YOU FEEL ARE RELEVANT TO THE REQUIREMENTS OF THIS POST.

[Please continue on a separate sheet if necessary]

6. ATTENDANCE RECORD

(i) HOW MANY EPISODES OF ILLNESS HAVE YOU HAD DURING THE PAST 2 YEARS?
EPISODES

(ii) HOW MANY DAYS IN TOTAL HAVE YOU BEEN ILL AND UNFIT FOR WORK OVER
THE SAME 2 YEAR PERIOD?
DAYS IN TOTAL

PLEASE PROVIDE ANY COMMENT YOU WISH TO MAKE ABOUT YOUR HEALTH OR
ATTENDANCE RECORD:

7. REHABILITATION OF OFFENDERS ACT 1974 & DISCLOSURE

APPLICANTS MUST REFER TO THE GUIDANCE NOTES BEFORE COMPLETING THIS SECTION

If the job you are applying for is regulated and, exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA) you **must not** withhold information about convictions, which for other purposes are considered "spent" under the Act. **Any information given will be treated in the strictest of confidence and will only be considered in relation to applications for such posts. The Authority supports the rehabilitation of offenders and possession of a conviction will not necessarily mean unsuitability for employment in exempt posts. All cases will be examined on an individual basis and given full and fair consideration.**

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES/NO _____

IF YES, PLEASE GIVE DETAILS OF OFFENCE, INCLUDING DATE AND SENTENCE:

If you prefer to disclose your conviction under separate cover this will be acceptable provided that you tick the appropriate box above and attach the details in an envelope stapled to this form. The envelope must state your name and details of the post.

I have attached details of my conviction separately. _____ (PLEASE x IF APPROPRIATE)

Offers of employment to regulated and exempt posts will be subject to receipt of a satisfactory Disclosure via the Criminal Records Bureau.

8. REFEREES

PLEASE ENTER THE NAME, ADDRESS, AND TELEPHONE NUMBER OF 2 REFEREES. REFEREES SHOULD BE YOUR PRESENT AND PREVIOUS EMPLOYERS, WHEREVER POSSIBLE. HOWEVER, NEITHER SHOULD BE A MEMBER OF THE SELECTION PANEL OR CABINET MEMBER OF THE COUNCIL

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DO YOU HAVE ANY OBJECTION TO REFERENCES BEING TAKEN UP PRIOR TO INTERVIEW? YES/NO _____

9. OTHER INFORMATION

ARE YOU RELATED TO ANY ELECTED MEMBER, OR OFFICER OF SEFTON COUNCIL? IF SO, PLEASE STATE TO WHOM AND THE NATURE OF THE RELATIONSHIP.

10. DECLARATION

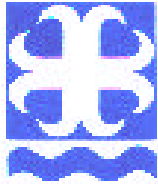
I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT CANVASSING, EITHER DIRECTLY OR INDIRECTLY, OF ANY COUNCILLOR OR EMPLOYEE OF THE COUNCIL OR THE GIVING OF FALSE OR MISLEADING INFORMATION MAY LEAD TO DISQUALIFICATION AND, IF APPOINTED, MAY LEAD TO MY DISMISSAL.

FUTHERMORE, I UNDERSTAND THAT THE INFORMATION WILL ONLY BE USED FOR RECRUITMENT AND SELECTION PURPOSES AND THAT IT WILL ONLY BE KEPT ON FILE BY THE AUTHORITY FOR 1 YEAR THEREAFTER. HOWEVER, IF I AM APPOINTED TO THE POST THEN THE INFORMATION THAT IT CONTAINS WILL BE USED TO FORM PART OF MY PERSONAL FILE FOR EMPLOYMENT PURPOSES (EXCEPT FOR DISCLOSURE INFORMATION, IF APPLICABLE, WHICH WILL ONLY BE KEPT FOR 6 MONTHS).

SIGNED:

DATE:

If you return this form by e-mail (without signature) you are deemed to have accepted the above declaration.



EQUAL OPPORTUNITIES IN RECRUITMENT

MONITORING FORM

EQUAL OPPORTUNITIES IN RECRUITMENT MONITORING

Please read the Guidance Notes before completing this form and return it with your application form.

Sefton Council is aiming to achieve equality of opportunity in employment through its policies and procedures. All applications will be short listed based on the skills, knowledge and experience of the candidate.

To enable us to monitor our policies and procedures we would be grateful if you would answer the following questions.

The information you provide will be treated as confidential and will only be used for monitoring purposes. The Selection Panel will not see it.

NAME:	DATE OF BIRTH:
POST APPLIED FOR:	VACANCY REF NO.
HOW DID YOU FIND OUT ABOUT HIS VACANCY?	

GENDER / MARITAL STATUS

MALE	Y/N	___	FEMALE	Y/N	___
MARRIED/ CIVIL PARTNERSHIP	Y/N	___	SINGLE/DIVORCED/ SEPARATED		_____

RACIAL ORIGIN

WHAT BEST DESCRIBES YOUR ETHNIC ORIGIN?
(Place x in relevant box)

<u>WHITE</u>		<u>MIXED</u>	
WHI	BRITISH	MWB	WHITE AND BLACK
IRS	IRISH	MWA	WHITE AND BLACK
WHO	OTHER WHITE *	MWC	WHITE AND ASIAN
<u>ASIAN OR ASIAN BRITISH</u>		MOM	OTHER MIXED *
IND	INDIAN	<u>CHINESE OR OTHER ETHNIC</u>	
PAK	PAKISTANI	CHI	CHINESE
BAN	BANGLADESHI	AOG	OTHER ETHNIC GROUP *
CHO	OTHER ASIAN *	<u>* PLEASE DESCRIBE</u>	
<u>BLACK OR BLACK BRITISH</u>			
BLC	BLACK CARIBBEAN		
BLA	BLACK AFRICAN		
BLO	OTHER BLACK *		

These categories are based on the 2001 Census

OTHER INFORMATION

ARE YOU A DISABLED PERSON?	YES/NO _____
ARE YOU APPLYING FOR THIS POST ON A JOBSHARE BASIS?	YES/NO _____
ARE YOU CURRENTLY UNEMPLOYED?	YES/NO _____

OFFICE USE ONLY

Please tear this slip off before supplying the Application Form to the shortlisting panel.

Guidance on collecting monitoring data can be obtained from the Recruitment Monitoring Procedure in the Personnel Policy and Procedures Handbook.

Thank you for completing this form. If you have any queries or comments regarding Equal Opportunities monitoring please contact the Personnel Department, 1st Floor, Merton House, Stanley Road, Bootle, Merseyside L20 3DL. Tel No. 0151 934 3377.