

APPLICATION FORM

www.ca	rlisl	e.g	ov.u	k

POST APPLIED FOR				VA		CY NUMBER		
Internal Candidate	Yes/No	External Candidate	Yes/	Ves/No. Where did yo		lid you first see		
Internal Candidate Tes/NO Candidate Tes/NO this vacancy advertised? 1. PERSONAL DETAILS								
Title		Surname				First name		
Preferred name			Mobile phone no.					
Address								
Email								
National Insurance Number								
2. REHABILITATION OF OFFENDERS								
Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended 2013)								
Yes / No - If "yes", des								
The amendments to the								
'protected' and are no	t subject to disc	osure to empl	loyers	and canr	not be	taken into acc	ount.	
							in th	e DBS Filtering collection
(https://www.gov.uk	/government/co	ollections/dbs	s-filter	<u>ing-guid</u>	lance)			
3. RELATIONSHIPS								
Are you related to any								name, position held, and
relationship). Please	note that Canva	ssing of Coun	cillors	or Senio	r Offic	ers shall lead t	o dis	qualification.
Yes / No – Details:								
Have you previously b	Have you previously been employed by Carlisle City Council? Yes / No							
Carlisle City Council is a proud supporter of the Armed Forces Covenant. Have you served in any of the Armed Forces? Yes / No								
4. RIGHT TO WORK			10001					
Are there any restriction			К	Yes / No	- If "y	es" give details	3	
that might affect your right to take up employment? Tes / No - If yes give details Do you need a work permit to work in the UK? Yes / No								
5. REFERENCES								
Please give two referees who can comment on your professionalism / work ability, one of whom should be your								
present / most recent employer. Do you explicitly consent to us contacting referees after								
you have been conditionally offered a post and have Yes / No								
verbally accepted the position?								
You should be aware that as part of Carlisle City Council's Anti-Fraud Strategy, any offer of employment within the Revenues and Benefits Services Unit is subject to receipt of satisfactory references for the last five years of								
employment.								
Reference 1 Reference 2								
Name			Nam	е				
Job title			Job	title				
Organisation			Orga	anisation				
Address			Addr	ess				
Email			Ema	il				

POST APPLIED FOR			VACANCY NUMBER	
6. EDUCATION				
School		Qualifications	Gained	
Do you hold a driving lice Please provide further detai position.		Yes / No		
7. PROFESSIONAL QUAL				
Full Details of Professional qualifications (for example t				age you to include all of your Run Leader)
Qualification				
Date Studied			Where studied	
Qualification				
Date Studied			Where studied	
Qualification				
Date Studied			Where studied	
Qualification				
Date Studied			Where studied	
Qualification			·	
Date Studied			Where studied	
8. CURRENT EMPLOYMEN	т			
Are you currently Employed	\Box or Unemployed \Box (if ur	nemployed give o	details of last em	nployment below)
Name of employer				
Address				
Job title				
Date Appointed			Date Terminated	
Latest Salary/Scale			Length of notice	
Summary of main duties / purpose of job. Please also include your key achievements.				

9. PREVIOUS EMPLOYMEN	IT		
Starting with the most recent	. Please cover the last 10 ye	ears. Continue a s	separate sheet if necessary.
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	То	Month and Year:

10. REASONS FOR APPLYING

Please explain why you are applying for this post - you may wish to consider the Council's Values which are **Clear**, **Committed and Confident.**

Carlisle City Council offer all employees three days voluntary leave per year. If you had the opportunity, what would you do and how would this benefit yourself and the local community?

11. RELEVANT EXPERIENCE / SKILLS

Please give details of any achievements, career plans or particular areas of work experience (including voluntary work), which you feel are most relevant to this post. Continue on a separate sheet if necessary.

12. INTERESTS / LEISURE ACTIVITIES

13. GDPR						
The Council of the City of Carlisle complies with the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018. The information provided will be held securely for the purpose of administering your application and any subsequent work. Your personal information will not be used for any other purpose but may be shared with third parties if the post applied for is externally funded and the funding body is being active in the recruitment process. Applicants are required to read the Council's Job Application Privacy Notice, which is available at <u>www.carlisle.gov.uk</u> or on request.						
14. DECLARATION						
I declare to the best of my knowledge the information on this application is true and accurate. I understand that any false statements or failure to disclose any information requested on this form may result in my application being disqualified. Discovery after appointment may lead to dismissal without notice or disciplinary action.						
I have read the Council's Privacy Notice and understand how and why my information will be processed for the purpose of the recruitment process, and I understand my rights associated with the Council processing my personal data.						
Signed	Date					
Please note that if	application is sent by email you will be required to	sign form if selected for interview.	Please note that if application is sent by email you will be required to sign form if selected for interview.			

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.





EMPLOYER RECOGNITION SCHEME

BRONZE AWARD

Proudly supporting those who serve.



SLE DIVERSITY MONITORING

At Carlisle City Council we monitor our recruitment processes to ensure that all applicants are fairly assessed and that we meet our obligations under the various Acts of Parliament and related Codes of Practice concerned equality. Please help us to carry out this monitoring by answering the questions below. They are placed on a separate page to the application form to emphasise that they relate only to monitoring

This page will be detached and will not form part of the selection procedure. Data will be used for statistical purposes, and if successful will be held on your personal record. Please tick appropriate boxes.

Full Name:		
National Insuran	ce Number	
Sex	Female	e □ Non-binary □ Other □ Prefer not to say
Gender Is □ Yes	your gender ide	entity the same as the gender you were assigned at birth? No
Preferred Title	□ Mrs	Miss Ms Other – please specify
Relationship Sta		
White: ☐ British (☐ Irish ☐ Gypsy o	English, N Irish, or Irish Traveller	ox that you feel best describes your ethnic origin) Asian/Asian British: , Scottish, Welsh) Pakistani Pakistani Bangladeshi ound (please specify) Chinese Any other Asian background (please specify)
 □ White & □ White & □ White & □ Other m 		
Nationality:		
	o you consider y See Note 1 overl	yourself to have a disability/impairment under the Equality Act 2010? leaf) No
Age Range 16-24 Date of Birth	□ 25-34 n	□ 35-44 □ 45-54 □ 55-64 □ 65+
Faith/Religious I Christia	anity □ n □	BuddhismInduismIslamSikhismOther religionPrefer not to say
Sexual Orientati	-	Homosexual

NOTE 1: CRITERIA FOR CLASSIFICATION AS DISABLED UNDER THE DISABILITY DISCRIMINATION ACT

Equality Act 2010 defines that a person has a physical or mental disability/impairment if it has a substantial and long-term adverse effect on his / her ability to carry out normal day to day activities.

Long term is usually defined as a year or longer.

Impairment may affect:

- mobility;
- manual dexterity;
- continence;
- > ability to lift, carry or otherwise move everyday objects;
- > memory or ability to concentrate, learn or understand; or
- > perception of the risk of physical danger.
- speech, hearing or eyesight (but see below)

(If a person's sight is corrected by wearing spectacles or contact lenses, this is **<u>not</u>** regarded as a disability.)

These notes are for guidance only.



NOTE 2: DATA PROTECTION

The information you supply on the application form will be used to assess your suitability for the post applied for (or another relevant post). These details will only be disclosed to those persons involved in the selection process or Personnel & Payroll administration.

Carlisle City Council will retain the forms of unsuccessful applicants for 9 months – in accordance with current guidance.

Should you be successful, certain details from this form may be checked, and data matched to help prevent fraud. Some of the information will be entered into the Personnel Computer System, which will allow Carlisle City Council to administer your employment. This form will then be placed into your Personnel file and retained until after you complete your employment with Carlisle City Council – for as long as legislation dictates.

Please be assured that Carlisle City Council will protect your information and treat as confidential at all times.