

APPLICATION FORM

Office Use Only
Ref Number

All information supplied on this form will be treated as
STRICTLY CONFIDENTIAL

POST APPLIED FOR:

'V' NO:

1. Personal Details

SURNAME		INITIALS	
Permanent Address and Postcode:			
Address for correspondence (if different):			

Telephone No(s)		Home:	Work:	
Email	Home:			Mobile:
	Work:			
Are we able to contact you at work?	By Phone?	Yes / No	By Email?	Yes / No

Do you hold a current full car driving licence?	Yes / No
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National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Right to Work in the UK

Are there any restrictions to your residence in the UK that might affect your right to take up employment	Yes / No – if yes give details
Do you need a work permit to work in the UK?	Yes/No

2. References

Please give two referees who can comment on your professionalism / work ability, one of whom should be your present / most recent employer

a) Present / Most Recent Employer		b) Second Referee	
Name Address Tel No		Name Address Tel No	
Email		Email	
<i>I give/do not give my permission to take up my references prior to an interview (delete as appropriate)</i>		<i>I give/do not give my permission to take up my references prior to an interview (delete as appropriate)</i>	

3. Details of Secondary / Further Education

School/College/University	Qualifications Gained

4. Professional Qualifications / Membership of Professional Bodies

Full Details of Professional Qualifications

5. Interests / Leisure Activities

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6. 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", describe the offence and date of conviction.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS Filtering collection (<https://www.gov.uk/government/collections/dbs-filtering-guidance>)

7. Relationships

Are you related to any Councillor or Officer of this Council or the partner of such persons? **Yes / No**
"Related" means parent, godparent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle, aunt, nephew or niece (failure to disclose may lead to disqualification).
If yes, please give details (e.g. name, position held, and relationship).

Please note that Canvassing of Councillors or Senior Officers shall lead to disqualification.

8. Present / Most Recent Employment Details

Employers Name & Address		Job Title	
		Date Appointed	
		Date Terminated	
		Latest Salary / Scale	
		Length of Notice	

Summary of main duties / purpose of job

Please attach a copy of your current / most recent job description, if available

9. Previous Employment (starting with the most recent)

These should be listed in chronological order and there should be no unexplained gaps. (Continue on a separate sheet if necessary)

From	To	Employer & Position Held	Final Salary/Scale	Reason for Leaving

10. Reasons for Applying

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

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.

Signed

Date

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.



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 Insurance Number

Gender

Male Female Transgender

Preferred Title

Mr Mrs Miss Ms Other

Marital Status

Married Civil Partnership Single Separated/Divorced Widowed

Ethnic Origin (Please tick the box that you feel best describes your ethnic origin)

White:

British (English, N Irish, Scottish, Welsh)
 Irish
 Gypsy or Irish Traveller
 Any other white background (please specify)

Asian/Asian British:

Indian
 Pakistani
 Bangladeshi
 Any other Asian background (please specify)

Black/Black British:

Caribbean
 African
 Any other black background (please specify)

Chinese or other ethnic group:

Chinese
 Philippine
 Other (please specify)

Mixed:

White & Black Caribbean
 White & Black African
 White & Asian
 Other mixed background (please specify)

Prefer not to say

Disability Do you consider yourself to be disabled under the Disability Discrimination Act? (See Note 1 overleaf)

Yes No Prefer not to say

Age Range

16-24 25-35 36-45 46-64 65+ Date of Birth

Religious Belief

Christian Buddhist Hindu
 Jewish Muslim Sikh
 No religion Other religion Prefer not to say

Sexual Orientation

Heterosexual Lesbian or Homosexual Bisexual Prefer not to say

Please state where our advertisement was first seen _____

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

To classify as disabled, a person has a physical or mental impairment which 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 **not** 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.