

EMPLOYMENT APPLICATION FORM

GUIDANCE

Please complete all sections in **black ink** and in **block capitals** and return the form to the address shown at the bottom of this page along with any supporting information that you feel is relevant.

POSITION APPLIED FOR: _____

PERSONAL

TITLE: _____ SURNAME: _____

FORENAME/S: _____

ADDRESS: _____

POST CODE: _____ E-MAIL: _____

TELEPHONE NO: _____ MOBILE NO: _____

NI NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WHAT IS YOUR MARITAL STATUS? _____

DO YOU HOLD A CURRENT DRIVING LICENCE? YES NO

IF YES, DO YOU HAVE THE USE OF A VEHICLE? YES NO

HAVE YOU HAD ANY MOTORING CONVICTIONS IN THE LAST 3 YEARS? YES NO

(IF YES PLEASE GIVE DETAILS ON PAGE 4)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

(IF YES PLEASE GIVE DETAILS ON PAGE 4)

IS THERE ANYTHING CONCERNING YOUR MEDICAL HISTORY THAT MAY AFFECT YOUR EMPLOYMENT? (IF YES PLEASE GIVE DETAILS ON PAGE 4) YES NO

ARE THERE ANY RESTRICTION REGARDING YOUR EMPLOYMENT? YES NO

EG DO YOU REQUIRE A WORK PERMIT? (IF YES PLEASE GIVE DETAILS ON PAGE 4)

ARE YOU RELATED TO A SHIREBROOK TOWN COUNCILLOR OR AN OFFICER OF SHIREBROOK TOWN COUNCIL? (IF YES PLEASE GIVE DETAILS ON PAGE 4) YES NO

IF YOU ASK A COUNCILLOR OR AN OFFICER TO USE THEIR INFLUENCE TO HELP YOU OBTAIN EMPLOYMENT YOU WILL BE DISQUALIFIED.

EDUCATION

Please give details below of all secondary and further education.

DATE		NAME OF SCHOOL/COLLEGE/ UNIVERSITY /TRAINING BODY	QUALIFICATIONS GAINED
FROM	TO		

EMPLOYMENT HISTORY

Starting with your most recent employment, please give details below

DATE		JOB TITLE/COMPANY NAME	REASON FOR LEAVING
FROM	TO		

TRAINING

Please give details below of any training undertaken that may not have lead to a formal qualification but which you feel may be relevant to the position you are applying for.

REFERENCES

Please give details below of two persons we could contact for references. At least one of these should be a previous employer if possible.

1 - TYPE OF REFERENCE

PERSONAL **EMPLOYMENT**

NAME: _____

COMPANY: (IF APPLICABLE) _____

ADDRESS: _____

POST CODE: _____ **E-MAIL:** _____

TELEPHONE NO: _____ **MOBILE NO:** _____

2 - TYPE OF REFERENCE

PERSONAL **EMPLOYMENT**

NAME: _____

COMPANY: (IF APPLICABLE) _____

ADDRESS: _____

POST CODE: _____ **E-MAIL:** _____

TELEPHONE NO: _____ **MOBILE NO:** _____

Shirebrook Town Council will only request references when a serious offer of employment is being considered. Please indicate if you would prefer references not to be requested until after an offer of employment has been made.

REFERENCE 1 : _____

REFERENCE 2 : _____

DECLARATION

By signing and returning this form I consent to Shirebrook Town Council using and keeping information about me, provided by myself or third parties such as referees, relating to this application or any future employment.

I declare that all the information supplied in this form is true and accurate to the best of my knowledge and understand that any future offer of employment may be withdrawn without notice should it be discovered that I have given false information.

SIGNED: _____
FULL NAME: _____
DATE: _____

MONITORING EQUAL OPPORTUNITIES

Shirebrook Town Council are committed to monitoring Equal Opportunities in Employment and we would therefore be grateful if you could take a moment to complete the details below.

The information provided will form a confidential statistical record which will not be used for any other purpose than the monitoring of Equal Opportunities.

PLEASE TICK THE BOXES WHICH MOST CLOSELY DESCRIBE YOU.

ARE YOU... **MALE** **FEMALE**

ARE YOU DISABLED? **YES** **NO**

- | | |
|--|--|
| <input type="checkbox"/> WHITE – BRITISH | <input type="checkbox"/> ASIAN OR ASIAN BRITISH – BANGLADESHI |
| <input type="checkbox"/> WHITE – IRISH | <input type="checkbox"/> OTHER ASIAN BACKGROUND |
| <input type="checkbox"/> OTHER WHITE BACKGROUND | <input type="checkbox"/> CHINESE BACKGROUND |
| <input type="checkbox"/> BLACK OR BLACK BRITISH – CARIBBEAN | <input type="checkbox"/> MIXED – WHITE AND BLACK CARIBBEAN |
| <input type="checkbox"/> BLACK OR BLACK BRITISH – AFRICAN | <input type="checkbox"/> MIXED – WHITE AND BLACK AFRICAN |
| <input type="checkbox"/> OTHER BLACK BACKGROUND | <input type="checkbox"/> MIXED – WHITE AND ASIAN |
| <input type="checkbox"/> ASIAN OR ASIAN BRITISH – INDIAN | <input type="checkbox"/> OTHER MIXED BACKGROUND |
| <input type="checkbox"/> ASIAN OR ASIAN BRITISH – PAKISTANI | <input type="checkbox"/> OTHER ETHNIC BACKGROUND |

