

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, HGV,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 ____

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. 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 (that we are legally entitled to ask about)? YES/NO _____

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. Guidance and criteria on the filtering of these cautions and convictions can be found at the [Disclosure and Barring Service website](#). A detailed list is available on the DBS website and will be updated regularly by the DBS.

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 Disclosure and Barring Service.

7. REFEREES

PLEASE ENTER THE NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS 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

Name:
Relationship:
Address:

Name:
Relationship:
Address:

Tel no:
Email:

Tel no:
Email:

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

8. 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.

9. DECLARATION

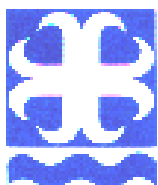
I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT CANVASSING, EITHER DIRECTLY OR INDIRECTLY, OF ANY COUNCILLOR OR EMPLOYEE OF THE COUNCIL OR THE GIVING OF FALSE OR MISLEADING INFORMATION MAY LEAD TO DISQUALIFICATION AND, IF APPOINTED, MAY LEAD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

Why we are asking you to complete this form:

All applicants for jobs within Sefton Council will receive equal treatment, irrespective of their gender, age, race, religion or belief, sexual orientation, gender identity or disability.

By completing this form you will be helping us to monitor who is applying for jobs and measure how effectively we are reaching all sections of the community.

There are a range of policies in place that are intended to provide a fair workplace for all.

Please be assured that the information you provide will be treated in **absolute confidence**, and will be used for statistical monitoring purposes only.

POST APPLIED FOR:

VACANCY REF NO.

HOW DID YOU FIND OUT ABOUT THIS VACANCY?

GENDER		AGE
MALE	<input type="checkbox"/>	DATE OF BIRTH _____
FEMALE	<input type="checkbox"/>	

RACE					
WHAT BEST DESCRIBES YOUR ETHNIC ORIGIN? (Place x in relevant box)					
<u>WHITE</u>	BRITISH		<u>MIXED DUAL HERITAGE</u>	WHITE AND BLACK CARIBBEAN	
	IRISH			WHITE AND BLACK AFRICAN	
	POLISH			WHITE AND ASIAN	
	PORTUGUESE			ANY OTHER MIXED BACKGROUND (please specify)	
	ANY OTHER WHITE EUROPEAN (please specify)				
	ANY OTHER WHITE NON-EUROPEAN (please specify)		<u>CHINESE OR OTHER ETHNIC GROUP</u>	CHINESE	
<u>ASIAN OR ASIAN BRITISH</u>	INDIAN			TRAVELLER	
	PAKISTANI			GYPSY	
	BANGLADESHI			ANY OTHER ETHNIC GROUP (please specify)	
	ANY OTHER ASIAN BACKGROUND (please specify)			<u>BLACK OR BLACK BRITISH</u>	CARIBBEAN
			AFRICAN		
			ANY OTHER BLACK BACKGROUND (please specify)		

DISABILITY/OTHER INFORMATION

The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities. People with HIV, cancer, chronic heart disease and multiple sclerosis are deemed to be covered by the Equality Act effectively from the point of diagnosis.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES ☐ NO ☐

IF YES, PLEASE PROVIDE DETAILS OF THE NATURE OF YOUR DISABILITY:

PHYSICAL IMPAIRMENT ☐ VISUAL IMPAIRMENT/BLIND ☐
LEARNING DISABILITY ☐ MENTAL HEALTH/MENTAL DISTRESS ☐
HEARING IMPAIRMENT/DEAF ☐ LONG TERM LIMITING ILLNESS ☐
OTHER (PLEASE SPECIFY) _____

ARE YOU APPLYING FOR THIS POST ON A JOBSHARE BASIS? YES ☐ NO ☐

ARE YOU CURRENTLY UNEMPLOYED? YES ☐ NO ☐

RELIGION/BELIEF

WHAT IS YOUR RELIGION/BELIEF?

BUDDHIST ☐ CHRISTIAN ☐
HINDU ☐ JEWISH ☐
MUSLIM ☐ SIKH ☐
NO RELIGION ☐ ANY OTHER RELIGION OR BELIEF
DO NOT WISH TO DISCLOSE ☐ (please specify) _____

SEXUAL ORIENTATION

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

BISEXUAL ☐ GAY ☐
GAY/LESBIAN ☐ HETEROSEXUAL ☐
OTHER ☐ DO NOT WISH TO DISCLOSE ☐

GENDER IDENTITY

IS YOUR GENDER IDENTITY OPPOSITE TO THAT ASSIGNED AT BIRTH? 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, Sefton Council, 2nd Floor, Magdalen House, 30 Trinity Road, Bootle, Merseyside L20 3NJ. Tel No. 0151 934 3379.