

Harlow Council Job Application Form

Post Applied for:

Post Number:

Closing Date:

Interview Date:

It is important that you read the guidance notes before completing this application form. Please complete this form fully using black ink or type. C.V.s are not accepted. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name: First Name:

Address:

Postcode:

Home Telephone N^o:

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Are you 64 ½ or over? Yes No

Job Share Details
Are you applying on a job share basis? Yes No

Driving Licence – if relevant to post applied for.
Do you hold a full, clean driving licence valid in the UK? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):

Did you receive any redundancy payment or retirement benefit?

Yes

No

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:

Position Held:

Summary of duties:

--	--	--	--

Date From:	<input type="text"/>	Date To:	<input type="text"/>
------------	----------------------	----------	----------------------

Reason for leaving:	<input type="text"/>
---------------------	----------------------

Name of Employer:

Position Held:

Summary of duties:

--	--	--	--

Date From:	<input type="text"/>	Date To:	<input type="text"/>
------------	----------------------	----------	----------------------

Reason for leaving:	<input type="text"/>
---------------------	----------------------

Name of Employer:

Position Held:

Summary of duties:

--	--	--	--

Date From:	<input type="text"/>	Date To:	<input type="text"/>
------------	----------------------	----------	----------------------

Reason for leaving:	<input type="text"/>
---------------------	----------------------

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list the highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? **(See Guidance Notes).** Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check. **(See Guidance Notes).**

Enhanced Checks Only (refer to Job Application Pack)

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. **(See Guidance Notes).**

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

If you do have a disability which is relevant to your application, do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 10 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N^o:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone N^o:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 12 Recruitment Monitoring Form continued

Gender:

Male Female

Disability:

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? Yes No

If yes, please give details:

Present Status:

Internal Applicant External Applicant

Age Group:

16-17 18-25 26-35 36-45
46-55 56-65 65+

Media:

Please state where you saw this post advertised

For Office Use Only:

Start Date:		

Section 13 Declaration

A. Relatives/Other Interests

Any candidate who directly or indirectly canvasses a Councillor or employee of the Council will be disqualified from consideration for the job. The Council does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with a Councillor(s) or employee(s) of Harlow Council? Yes No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Council in the role for which you have applied? Yes No

If yes, please detail on a separate sheet. **(See Guidance Notes)**

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from Harlow Council must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.)

If you are returning this form by email, you will be asked to sign your application at interview.

Harlow Council understands that your privacy is important to you. The details you provide on this form will be kept private and confidential. Unsuccessful application forms are retained for 12 months from the date of applying for recruitment monitoring purposes. Some information is used to compile statistics for use by Harlow Council; this does not include information that will identify you as an individual. Harlow Council is under a duty to protect the public funds it administers, and to this end may use the information you provide 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. For further information please see the Data Matching statement on Harlow Council's website at www.harlow.gov.uk/dme.

RETURNING THIS FORM



By Hand or Post:

Human Resources
Harlow Council
Civic Centre
The Water Gardens
College Square
Harlow
Essex CM20 1WG

By E-Mail:

recruitment@harlow.gov.uk

Enquiries:

Telephone: 01279 446017
Fax: 01279 446024
Minicom: 01279 446026