Post Applied for:	Park Attendant	Post Number:		
Dronfie	eld Town Co	u ncil Job A p	plication	Form
Closing Date:		Interview Date:	ТВС	
	s form fully using black ink or on. Applications received afte			
THE INFORM	MATION YOU SUPPLY O	N THIS FORM WILL BE	TREATED IN COM	IFIDENCE.
Section 1	Personal det	ails		
Last Name: Address:		First Name:		
Postcode: Home Telephone N Daytime Telephone Mobile Telephone	e Nº:	National Insurance N	Letters Numbers ⊇:	Letter
E-mail address:				
Can we contact you	u at work? Yes	No		
the UK with no cur Driving Licence	nain and take up employme rent immigration restriction	ns?	No No	
If you are successf	lean driving licence valid in the full you will be required to p		e of the above detail	ls prior to your
appointment.				

Section 2 Present Employment

Present or Last Employment (If 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 Last day of service **Period of Notice:** (if no longer employed): Reason for leaving (if no longer employed):

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 Employe	er:			
Address:				
		Postco	ode	
Position Held:			from	to
Summary of dutie	es:			
Reason for leaving	ıg:			
Name of Employe	er:			
Address:				
		Postco	ode	
Position Held:			from	to
Summary of dutie	es:			
Reason for leavin	ıg:			
Name of Employe	er:			
Address:				
		Postco	ode	
Position Held:			from	to
Summary of dutie	es:			
Reason for leavin		sheet if necessary		

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list 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, or Technical Qualifications

Please give details:

Professional/Technical/ Qualifications	Course Details
Membership of any Professional /	Technical Associations- Please state level of Membership:
Continue on a separate sheet if nece	ssarv

Training and Development Section 5

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

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

Personal Statement

Section 6

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?					
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 Disclosure and Barring Service Check.					
Enhanced Checks Only 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.					
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.					
Do we need to make any specific arrangements in order for you to attend the interview?					
If yes, please give details:					

Section 10 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 references are.

	Reference 1			Reference 2	
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
	Postcode			Postcode	
Telephone Nº:			Telephone №:		
E-mail:			E-mail:		
Are you willing for this referee to be approached Yes No prior to the interview?		Are you willing for referee to be appr prior to the intervie	oached Yes	No	

Section 11 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 the Human Resources purely for monitoring purposes.

Apı	plication for the post of:				
	help us ensure that our Equal Opportuniti ase COMPLETE THIS SECTION OF THE				reason)
Wh	nat is your Ethnic Group?				
Cho	pose ONE section from A to E, and then t	ick the app	ropria	e box to indicate your cultural backgrour	nd.
Α.	White		D.	Black or Black British	
	White UK			Black Caribbean	
	Irish			Black African	
	White non-UK			Any other Black background (please give details):	
	Any other White background (please give details):				
В.	Mixed		E.	Chinese or other ethnic group	
	White & Black Caribbean			Chinese	
	White & Black African			Vietnamese	
	White & Asian			Any other ethnic background (please give details):	
	Any other Mixed background (please give details):				
C.	Asian or Asian British		F. info	I do not wish to provide this rmation	
	Indian				
	Pakistani				
	Bangladeshi				
	Any other Asian background (please give details):				

Section 11 Recruitment Monitoring Form continued

Gender
Male Female
Date of Birth:
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:
Media
Please state where you saw this post advertised
For Office Use Only:
Start Date:

Section 12 Declaration

Civic Centre DRONFIELD S18 1PD

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 are you a friend or known to any Councillor(s) or employee(s) Yes No of Dronfield Town Council? 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 If yes, please detail on a separate sheet. B. Statement to be Signed by the Applicant The Council is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives. 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 acknowledge that the Council is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes. 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: Unfortunately applicants who do not hear from Dronfield Town 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 envelope or post card. Dronfield Town Council undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018. A copy of the Town Council's Privacy Policy can be viewed at http://www.dronfield.gov.uk/policies-and-procedures. RETURNING THIS FORM = By Hand or Post: By email: Town Clerk townclerk@dronfield.gov.uk **Dronfield Town Council** Civic Hall