Post Applied for:

Part-time Caretaker / Cleaner

Post Number:

Dronfield Town Council Job Application Form

Closing Date:

16th August 2019

Interview Date:

TBC

Please complete this form fully using black ink or type. C.V's are only accepted when submitted with the completed application. 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 deta	ils	
Last Name:		First Name:	
Address:			
Postcode:]	Letters Numbers Letter
Home Telephone №:		National Insurance Nº:	
Daytime Telephone Nº:			
Mobile Telephone №:			
E-mail address:			
Can we contact you at w	work? Yes	No	
Are you free to remain a the UK with no current i			lo 🗌
<u>Driving Licence</u> Do you hold a full, clean o	driving licence valid in the	e UK? Yes 🗌 N	lo 🗌
If you are successful yo	ou will be required to pr	vovide relevant evidence	of the above details prior to your

appointment.

Section 2 **Present Employment**

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Reason for leaving (if no longer employed):

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 dut	ies:

	Continue on a s	separate sheet if necessary		
			_	
Per	iod of Notice:		Last day of service (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 Employer:			
Address:			
	Postco	ode	
Position Held:		from	to
Summary of duties:			
Reason for leaving:			
Name of Employer:			
Address:			
	Postco	ode	
Position Held:		from	to
Summary of duties:			
Reason for leaving:			
Name of Employer:			
Address:			
	Postco	ode	
Position Held:		from	to
Summary of duties:			
Reason for leaving:			
Continue on a separate	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:
incluser on p of any f foressional /	

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 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.

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?
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 Area Area Area Area Area Area Area Area
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 №:			Telephone №:		
E-mail:			E-mail:		
Are you willing for referee to be app prior to the interv	proached Yes	<u>No</u>	Are you willing for referee to be approprior 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.

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, and then tick the appropriate box to indicate your cultural background.

A. White

Mixed

White & Black Caribbean

Any other Mixed background

White & Black African

(please give details):

White & Asian

В.

C.

White UK	
Irish	
White non-UK	
Any other White 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

Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background (please give details):	

Section 11 Recruitment Monitoring Form continued

Female

Gender

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		
	100		·	·

If yes, please give details:

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

	ooc only.		
1			

Section 12 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 are you a friend or known to any Councillor(s) or employee(s) of Dronfield Town Council?	Vac	No	
of Dronfield Town Council?	165		

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.

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:

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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:

Town Clerk Dronfield Town Council Civic Hall Civic Centre DRONFIELD S18 1PD By email:

townclerk@dronfield.gov.uk