



B1/

APPLICATION FOR EMPLOYMENT

Applicant's Name

Title of post applied for

Job ref. No.

Department/Establishment

Closing Date

GUIDANCE FOR COMPLETION OF THE APPLICATION

FOR EMPLOYMENT FORM

This information has been compiled to assist you in the completion of the application form.

Please remember the application form is an essential part of our selection process, and the information you give will assist in selecting a shortlist of candidates for interview, it is therefore important that you complete the application in full. If you wish to complete by hand please use black ink.

Completing your Application Form

- Read** through the information you have been sent, and particularly study the advertisement, job description and person specification, (where applicable).
- Complete** as fully as possible all of the sections. If any information requested is not applicable to you then please state this in the relevant section.
- Curriculum Vitae (CV)** – Please do not enclose a CV. You are asked to complete the application form in full. If a CV is required this will be specifically requested. It is acceptable, however to provide additional information in support of your application, but this should be relevant to the job you are applying for.
- Returning Your Form** – Please return to the address given in the supporting information. All applications received at Wiltshire County Council are handled in accordance with the requirements of the Data Protection Act 1998.

People with Disabilities



This form seeks information on whether you consider yourself to have a disability so that we can meet the requirements of the Disability Discrimination Act 1995. We also use the Double Tick Symbol, which means that we offer a **guaranteed interview** to any disabled person who applies for a position and meets the minimum or essential criteria. (Note: not adopted by all Wiltshire Schools.) These notes should help you to complete the information requested where this relates to disability.

Definition of disability under the Disability Discrimination Act:

A person has a disability if s/he has a physical or mental impairment, which has a substantial and long-term adverse effect on her/his ability to carry out normal day to day activities. See notes below on what this means in practice.

Impairment:

This cover physical and mental impairments including mental illnesses, learning disabilities and hearing and sight impairments.

Substantial:

This is something more than minor or trivial and beyond normal differences in ability which may exist among people.

Long-term adverse effect:

The effect must be a detrimental one and is long-term if it has lasted or is likely to last for at least 12 months or for the rest of a person's life. If the effect is likely to recur beyond 12 months it is treated as long term. Where a person is likely to recover within 12 months from a long-term illness or, say, loss of mobility due to a broken leg, this is not included.

Normal day-to-day activities

These are activities carried out by most people on a fairly regular and frequent basis. It does not include specialised activities which are normal only for a particular person or a group of people.

An impairment has a substantial adverse effect if it affects:–

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Manual dexterity | <input type="checkbox"/> Physical Co-ordination | <input type="checkbox"/> Continence |
| <input type="checkbox"/> Ability to lift, carry or move everyday objects | <input type="checkbox"/> Speech, hearing or eyesight (excludes the wearing of spectacles) | <input type="checkbox"/> Memory, or the ability to concentrate, learn or understand | <input type="checkbox"/> The perception of the risk of physical danger |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Heart Conditions | |

Progressive Illnesses and Past Disabilities:

Progressive conditions are covered where impairments are likely to become substantial. Examples include cancer, multiple sclerosis, muscular dystrophy and HIV. The Act covers people from the time of the onset of the illness, even though at that time the effect on normal day-to-day activities may not be substantial. The Act also covers people who have had a disability in the past.

1. PERSONAL DETAILS

FORENAME/S	SURNAME
Preferred Title (e.g. Mr, Mrs)	Previous Surname/s
Address: House Number/Street Name	Known as
	Home Telephone Number
Town	Mobile Telephone Number
County	Work Telephone Number
Post Code	Email Address (Please be aware this email address will be used for correspondence relating to this application if disclosed)

2. SECONDARY/FURTHER EDUCATION (Including NVQs)

School, Colleges etc	Level of Exams	Subjects, with grades

3. HIGHER EDUCATION (if applicable)

University, Polytechnic, College	Qualification/s (with main subjects)	Grade/s

4. MEMBERSHIP OF PROFESSIONAL BODY, OTHER TRAINING COURSES (if applicable)

Body/Organisation	Membership Level/Qualification

5. PRESENT EMPLOYMENT (or most recent if currently not working)

Employer (with address & contact name for reference purposes)	Dates		Salary	Notice Period	Reason for Leaving this Post
	From	To			
Employer Contact Name Address: Street Town County Postcode					
Job Title					
Main Duties					

Please indicate in the box with a X if you wish to be consulted prior to an approach being made to your current employer for a reference. However if you are selected for this post a reference will be sought from this employer.

6. PREVIOUS EMPLOYMENT (Please start with the most recent and work backwards, ensuring that all periods of time are accounted for, and any gaps in employment are explained. You may attach an additional sheet if required. **Please note that references may be sought to cover your entire career history or five years of employment whichever is greater prior to interview).**

Employer (with address & contact name for reference purposes)	Dates		Salary	Job Title and Main Duties	Reason for Leaving
	From	To			
Employer Contact Name Address: Street Town County Postcode					
Employer Contact Name Address: Street Town County Postcode					
Employer Contact Name Address: Street Town County Postcode					

7. PERSONAL REFEREE

Please state the name and address of a person who you have known for at least three years, and who may be approached for a reference. You should quote someone who is currently employed in a position of responsibility. If you are a school leaver you should quote your Head Teacher or Year Head. If you are self-employed you should quote a client or your accountant or solicitor. References will be sought from your current employer and may be sought from your previous employers but it would be helpful if this personal referee can comment on your suitability for this post. Where a previous employer's reference cannot be obtained you should supply details of a second personal referee (this is not required for recent school leavers).

It is important that you make this person aware of the possibility that they may be asked to supply a reference for you.

Name & Position/Profession	Address	Tel. No.	Capacity in which you are known to this person
Name	Street		
	Town		
Position/Profession	County		
	Postcode		

8. PEOPLE WITH DISABILITIES

Whilst you do not have to declare a disability here, the County Council is committed to promoting employment opportunities for people with disabilities, who can face additional challenges to gaining employment. We operate the Double Tick Symbol, which means that we offer a guaranteed interview to any disabled person who applies for a position and meets the minimum or essential criteria. (Note: not adopted by all Wiltshire Schools.)



Do you consider yourself to have a disability? YES _____ NO _____
(please see the guidelines for completing the application form)

Please indicate if you need any particular aids or modifications to assist you in attending for interview or carrying out the duties of this post.

9. CONVICTIONS

Please give details of any conviction, including the date of conviction and the sentence imposed (a criminal record will not necessarily be a bar to obtaining a position with Wiltshire County Council).

- N.B. i) Road traffic offences should be included.
ii) Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment any failure to disclose such convictions or cautions or bind over orders could result in dismissal or disciplinary action by the Authority. All convictions or cautions or bind over orders must therefore be disclosed.

Conviction	Sentence	Date

Are your details held on List 99? Yes No
(This is an essentially held Government list of individuals who are barred from working with children).

Are you disqualified from working with children? Yes No

Are you subject to sanctions imposed by a regulatory body, e.g. GTC, POVA, GSCC Yes No
If yes, please detail below. (If there is not enough space please supply an additional sheet)

If your application is successful, you will be required to obtain a "Disclosure" from the Criminal Records Bureau. Employment with Wiltshire County Council will be conditional upon the results of the "Disclosure" obtained, which will indicate your suitability to work with children, young adults or vulnerable adults.

10. DECLARATIONS

- a) Do you have regular access to the use of a car, if required for this post? YES NO N/A
- b) Do you require a work permit? YES NO
- c) Do you require an Employment of Children's Work Permit? (Children 16 or under need an Employment of Children's Work Permit until the last Friday in June of their school year 11.) YES NO
- d) Are you related to or closely acquainted with any elected Council Member or senior employee of Wiltshire County Council? (If YES give details) YES NO
- e) The Working Time Regulations place a maximum limit on weekly hours worked. Will you continue in any other employment, should you be offered this appointment? YES NO
- If YES, how many hours per week? _____

Please note:-

- Deliberate omission or falsification of information could lead to the disqualification of your application or later dismissal, if appointed.
- Canvassing of Council Members, directly or indirectly, will disqualify your application
- The appointment is subject to satisfactory evidence of your medical fitness, and the results of a "Disclosure" from the Criminal Records Bureau, where applicable.
- The information that you supply will be used by Wiltshire County Council for the purpose of administration in relation to prospective, current and past staff. If your application is successful, some of the information will be used to compile your personal file. It may be used and shared with other designated bodies administering public funds, for the prevention and detection of fraud.
- **Data Protection Statement – Data Protection Act 1998**
Wiltshire County Council has a duty to protect personal information; Wiltshire County Council will process this information in accordance with the Data Protection Act 1998. This information will be stored on computer and manual files.
- Completion and submission of this form is taken as consent to process the information that you have provided.

Please sign and date here to confirm that the information given is accurate.

Signature _____

Date ____ / ____ / ____

Please also complete Section 11 (Additional Information) and the Equality and Diversity Monitoring Form

Note: If you are a current Wiltshire County Council employee please complete the Equality and Diversity Monitoring Form, even if you have already given us this information, as we need this to help us monitor recruitment.

11. ADDITIONAL INFORMATION

- i) Please describe in more detail any experience, skills etc. you have which are relevant to this job, (referring to the person specification for this post), or any project or voluntary work, caring duties or hobbies that you feel are relevant.
- ii) Please give your reasons for applying for this post.



EQUALITY AND DIVERSITY MONITORING FORM

Wiltshire County Council is committed to building a workforce that reflects the diversity of the local community, improving access to careers within the Council.

Our aim is to ensure that no applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, sex or marital status, age, disability, sexual orientation or religious beliefs and practices or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Selection criteria and procedures are regularly reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. The County Council will continue to review its Human Resources policies and practices generally and take appropriate action to make them fully effective.

To ensure our commitment to diversity is effective, the County Council needs to monitor all aspects of our recruitment and selection processes.

The monitoring exercise has been designed in accordance with guidelines from the Commission for Racial Equality and Equality and Human Rights Commission and it has been approved by the appropriate Trade Unions. The information will not be used for any other purposes than monitoring of our Human Resources policies and practices. The analysis will be carried out by the Human Resources Team and all information supplied will be kept strictly confidential. In order to assist the County Council with this monitoring would you please complete the questionnaire overleaf. The information you give will be stored in a computer.

The categories of ethnic origin, which you are asked to complete are as follows:-

White

- British
- Irish
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese or Other Ethnic Group

- Chinese
- Any other ethnic group

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Only with your co-operation can the monitoring exercise be effective and we would therefore be particularly grateful for your help.

Human Resources
Recruitment Team
Wiltshire County Council

EQUALITY AND DIVERSITY MONITORING FORM

Wiltshire County Council is committed to building a workforce that reflects the diversity of the local community, improving access to careers within the Council. The County Council requires information about sex, ethnic origin, age and disability to help monitor our Human Resources policies and practices. Further details are provided overleaf. The following information will only be used for this purpose and will be treated in strict confidence.

Title of Post Applied for

Department/Establishment

ETHNIC ORIGIN

I would describe my ethnic origin as:-
(Please indicate in the appropriate box)

WHITE	
- British	<input type="checkbox"/>
- Irish	<input type="checkbox"/>
- Other White (please specify)	<input type="checkbox"/>
BLACK OR BLACK BRITISH	
- Caribbean	<input type="checkbox"/>
- African	<input type="checkbox"/>
- Other Black (please specify)	<input type="checkbox"/>
ASIAN OR ASIAN BRITISH	
- Indian	<input type="checkbox"/>
- Pakistani	<input type="checkbox"/>
- Bangladeshi	<input type="checkbox"/>
- Other Asian (please specify)	<input type="checkbox"/>
CHINESE OR OTHER ETHNIC GROUP	
- Chinese	<input type="checkbox"/>
- Other Ethnic Group (please specify)	<input type="checkbox"/>
MIXED	
- White and Black Caribbean	<input type="checkbox"/>
- White and Black African	<input type="checkbox"/>
- White and Asian	<input type="checkbox"/>
- Other mixed (please specify)	<input type="checkbox"/>

SEX (Please indicate in the appropriate box)

MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

AGE

DATE OF BIRTH

DISABILITY

(Please indicate in the appropriate box)

Do you consider yourself to have a disability?

Yes No

WHERE DID YOU SEE THE VACANCY ADVERTISED?

(Please indicate in the appropriate box)

Local Newspaper	<input type="checkbox"/>
National Newspaper	<input type="checkbox"/>
Vacancies Bulletin	<input type="checkbox"/>
Professional Journal	<input type="checkbox"/>
Job Centre	<input type="checkbox"/>
Internet (Please detail below)	<input type="checkbox"/>
www.	
Other (Please detail below)	<input type="checkbox"/>

ARE YOU ALREADY EMPLOYED BY WILTSHIRE COUNTY COUNCIL AND APPLYING FOR PROMOTION?

(Please ✓ the appropriate box. If you intend to remain in your existing post as well as taking up this appointment please answer 'No'.)

Yes No

Thank you for answering these questions.

Please return the Equality and Diversity Monitoring Form with your application form
(see Guidance Notes – Returning Your Form – on the first page).

Completion and submission of this form is taken as consent to process the information you have provided.

