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|  | Post Title:  Position Number:  Closing date:  Contact Number: 01482 333300 | **Applicant’s Number**  *(For office use only)* |

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| **PART 1** |  | **Application for Employment** |  | **CONFIDENTIAL** |

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| **Before completing please ensure that you refer to the guidance contained in the ‘Information for Applicants’ sent to you with this form.**  Hull City Council is fully committed to achieving fairness and equality in employment and seeks to achieve a workforce which reflects the diversity of the community it serves, therefore pages 1 & 2 of this application form are only sent to the interviewing panel after the short-listing has taken place, reflecting our fair and transparent recruitment and selection practices. | | |
|  | | | |
| **Personal Details** | | | |
| Title (Mrs,Mr,etc.): | First/Other Names: | Address:    Post Code: | |
| Surname/Family Name: | |
| Previously known as: | | National Insurance No.: | |
| HCPC No. (Protected titles only e.g. Social Worker, Occupational Therapist etc) | |
| Do you require a work permit?  Yes  No  If you already hold a work permit when does it expire? / / | |
| Preferred Contact Tel No:  (Work/home/mobile) **E-mail address**\* | |
| **\*If an e-mail address is provided this will be our preferred method of communication.** | | | |

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| **General Information** | |
| Are you related to a Councillor, or Manager/Senior Officer of the Council?  If “Yes” give Name, Position and Relationship. | Yes  No |
| If you are successful will this be your only job?  If ‘’No’’ state weekly hours and nature of additional work. | Yes  No |
| What period of notice are you required to give?  AND/OR  What is the earliest date could you start, if offered the job? |  |

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| **References** | | | |
| Please give details of two referees. **One must be your current or if currently unemployed, your most recent employer**, and should not be a family member unless they are either your current or previous employer.  **If you do not currently work with children or (vulnerable) adults but have done so in the past, you must provide a reference from your most recent employer who employed you to work with children or (vulnerable) adults (if relevant for the job you are applying).**  If you have never been employed, please give details of two people who know you well, but are not family members, such as community or voluntary group members/leaders. | | | |
| **Current or most recent employer** | | **Second Reference** | |
| Name: | | Name: | |
| Organisation and Position: | | Organisation and Position: | |
| How do you know them? | | How do you know them? | |
| Address: | | Address: | |
| Post Code: | Tel: | Post Code: | Tel: |
| E-mail address\*: | | E-mail address\*: | |
| **\*If an e-mail address is provided this will be our preferred method of communication.** | | | |
| **DBS Check:** For jobs that require a Criminal Records Check references are requested for all short-listed candidates prior to interview.  **Non DBS Check:** For jobs that require declaration of unspent convictions only, references are requested for preferred candidate after interview.  **Please refer to person specification to confirm criminal record disclosure requirements.** | | | |

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| **Declaration** | | | |
| In submitting this application (whether signed or not) I declare that I am the person referred to on the form and that the information I have given in all parts of this application is true, complete and correct and authorise Hull City Council to contact any current or former employers at the appropriate stage to confirm the details provided.  I understand that canvassing (seeking support from) any Councillor or Manager/Senior Officer of Hull City Council in connection with this appointment or knowingly not stating such a relationship will disqualify me.  **I understand that if I give incorrect information or a false statement this will lead to the withdrawal of any job offer, or if I am given the job this will result in disciplinary proceedings likely to result in my dismissal from the employment.**  In accordance with the Immigration, Asylum and Nationality Act 2006 I am entitled to work in the United Kingdom. I shall produce such original documentation as you shall request to evidence my right to work.  I also agree to the information contained in this application being processed under the Data Protection Act, 1998, for the purposes specified on page four of this form, for statutory returns and in relation to forming any contract of employment. | | | |
| Signed: |  | Date: |  |
| **IMPORTANT: You must complete all parts of the application form. We do not normally accept C.V.s either on their own, or if sent with an application form.** | | | |
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**Hull City Council operates a NO Smoking at work policy**

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|  | **Applicant’s Number**  *(For office use only)* | | |
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| **Monitoring Form Guidance** |

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| **What are we trying to achieve?**  Hull City Council is fully committed to achieving fairness and equality in employment and seeks to achieve a workforce which reflects the diversity of the community it serves. No job applicant or employee will be treated less favourably or disadvantaged, either directly or indirectly, on the grounds of gender, gender identity, nationality or ethnic origin, disability, religion or belief, sexual orientation, age or any other unjustifiable reason.  **Why do we ask for information?**  Our recruitment and selection policies and procedures are reviewed regularly to ensure that all applicants are selected according to their merits and abilities. We use the information to check to what extent the people who apply to us for jobs, or who get jobs with us, are representative of the local community. This in turn helps us to judge whether our recruitment processes are fair and equally open regardless of background. Monitoring helps us to develop future initiatives and to overcome discrimination. It is, therefore, important that you complete the monitoring form in full.  **Local Employment Partnership**  As part of the Local Employment Partnership with Jobcentre Plus we wish to record unemployed applicants, such as individuals in receipt of incapacity benefit, lone parent benefit or jobseekers allowance.  **What happens to the form?**  The form will be separated from your application and will not be passed on to anyone involved in short-listing, selection or appointment for the job for which you are applying. It will be stored securely and confidentially. If you are unsuccessful this will be stored for a period of one year and then confidentially destroyed. Should you be successful the data will be held on your personal file and electronically for future workforce monitoring purposes. |
| **Disabled Applicants** |

|  |
| --- |
| Under the Equality Act 2010, a disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.  **Two Ticks Guaranteed Interview Scheme**  We are committed to interviewing all disabled applicants who meet the essential criteria of the job and therefore those short-listing are made aware of all disabled applicants based on the relevant response on this form. Applicants invited to interview will be asked to let us know of any reasonable adjustments which are needed to ensure the interview is accessible. |

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| **CONFIDENTIAL** |

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| **Equal Opportunities in Employment – Monitoring Form** | | | | | | |
| **IMPORTANT: Please read the notes on the reverse of this page before completing. This form is not part of the selection process. Please complete in full.** | | | | | | |
|  | |  | | | | |
| **General:** | | **What is your ethnic group?** | | | | |
| How did you first find out about this job, where | | **a) White** | | | *Please tick* | |
| did you see the job advertised? | | British | | |  | |
|  | | Irish | | |  | |
| **Current employment status:** | | Any other White background | | |  | |
| Are you currently in paid work? | | (*please write in)* | | | | |
| Yes  No | | **b) Mixed** | | | *Please tick* | |
| **If no, how long have you been** | | White and Black Caribbean | | |  | |
| **unemployed?** | | White and Black African | | |  | |
| Less than 6 months | | White and Asian | | |  | |
| Between 6 and 18 months | | Any other Mixed background | | |  | |
| More than 18 months | | (*please write in)* | | | | |
|  | | **c) Asian or Asian British** | | | *Please tick* | |
| Do you have sole responsibility for a child | | Indian | | |  | |
| under 16? Yes  No | | Pakistani | | |  | |
| Would this job be a promotion? | | Bangladeshi | | |  | |
| Yes  No | | Chinese | | |  | |
| Do you work for Hull City Council? | | Any other Asian background | | |  | |
| Yes  No | | (*please write in)* | | | | |
| **What is your gender?** | | **d) Black or Black British** | | | *Please tick* | |
| Male  Female | | Caribbean | | |  | |
| Is your gender identity the same as the | | African | | |  | |
| gender you were assigned at birth? | | Any other Black background | | |  | |
| Yes  No | | *(please write in)* | | | | |
| **What is your date of birth?** | | **e) Other Ethnic Group** | | | *Please tick* | |
|  | | Arab | | |  | |
| **Do you consider yourself to be disabled?\*** | | Gypsy/Romany/Irish Traveller | | |  | |
| Yes  No | | Any other | | |  | |
|  | | *(please write in)* | | | | |
| *(\*see definition of disability on page 3)* | |  | | | | |
|  | | **What is your sexual orientation?** | | | | |
|  | |  | | | | |
| **Application form submission:** | | Bisexual  Heterosexual /straight | | | | |
|  | | Gay man  Prefer not to say | | | | |
| Please return all parts of this form by the | | Gay woman/Lesbian  Other | | | | |
| closing date stated in the advert to: | |  | | | | |
|  | | **What is your religion or belief?** | | | | |
| **Recruitment Team** | |  | |  | | |
| **Warehouse 6** | | Buddhist | | Christian | | |
| **Princes Dock Street** | | Hindu | | Jewish | | |
| **HULL** | | Muslim | | Sikh | | |
| **HU1 2PQ** | | None | | Prefer not to say | | |
|  | | Any other religion or belief | | | | |
| **Application queries:** | | *(please write in)* | | | | |
| **Tel: (01482) 333300** | |  | | | | |
|  | Post Title:  Position Number:  Closing date:  Contact Number: 01482 333300 | | **Applicant’s Number**  *(For office use only)* | | |

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| **PART 2** |  | **Application for Employment** |  | **CONFIDENTIAL** |

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| **Details of present or (if unemployed) your last job** | | |
| **Please read the person specification. This part of the application form will be used to assess how you meet the requirements for the job.** | | |
| Are you currently unemployed? Yes  No  If yes, please give your reason(s) for leaving: | | |
| Name and Address of Employer and contact details | Job Title: | |
| Grade:  Salary: | Employed in this job  From:  To: |
| **Give a brief description of your present, or (if unemployed) your last job:** | | |

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| **Details of all previous employment**  **Please read the person specification. This part of the application form will be used to assess how you meet the requirements for the job. Start with your most recent job (please give reasons if there are periods when you haven’t worked).** |

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| --- | --- | --- | --- | --- | --- | --- |
| Name and address of employer and contact details | Job title | Salary/Grade | Dates employed | | Brief job details | Reason for Leaving |
| From | To |
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| ***Important:*** Continue any section on a separate sheet if necessary but please ensure that your National Insurance number is entered on the top right of the sheet. **Do not put your name on continuation sheets. You must complete all parts of the form.** | | | | | | | |

**Relevant skills, qualifications & training**

Please give details of qualifications obtained and training received which are relevant to the job for which you are applying **(refer to the person specification).**

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| The Council has access to **UK NARIC** which is a national agency and the official source of information and advice on the comparability of international qualifications from over 180 Countries worldwide with those in the United Kingdom. The Council will therefore obtain comparability guidance if your qualification was obtained overseas. | | | | | |
| **Educational and Vocational Qualifications** | Level | | Grade | | Date Obtained |
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| **Professional Qualifications/Membership of Professional Bodies** | Grade/Class | | | | Date  Obtained |
|  |  | | | |  |
|  |  | | | |  |
| **Relevant Training and Development**  **(Specify valid dates for statutory training e.g. first aid)** | | | | | Date |
|  | | | | |  |
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| **Driving licence/car/motorcycle ownership**  **This section need only be completed if driving is mentioned in the person specification as an essential requirement of the job.** Please tick the appropriate box. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Do you have you a full current driving licence? | | Yes | | No | | |
| Do you have full access to a car/ motorcycle? | Car | Yes | | No | | |
|  | M/c | Yes | | No | | |
| If you have any current penalty points please give details in the space below: | | | | | | |

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| **Personal Statement**  **Please state why you think you are suitable for this job.** |

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| Please describe what relevant qualities you can bring to this job. It is important that you refer to the Person Specification for the position you are applying for, giving both work and non-work examples as appropriate, as to how you meet the requirements of the job. |
|  |
| **Relevant Experience:** |
| **Skills:** |
| **Knowledge:** |
| **Interpersonal/Communication Skills:** |
| **Competencies:** |
| **Further information to support your application:** |
| ***Important:*** Continue any section on a separate sheet if necessary but please ensure that your National Insurance number is entered on the top right of the sheet. **Do not put your name on continuation sheets. You must complete all parts of the form.** | |

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|  | Post Title:  Position Number:  Closing date:  Contact Number: 01482 333300 | **Applicant’s Number**  *(For office use only)* |

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| **PART 3** |  | **Application for Employment** |  | **CONFIDENTIAL** |

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| **CRIMINAL RECORD INFORMATION** | | | | | | | | | |
| **IMPORTANT – Please read carefully** | | | | | | | | | |
| **Please read the Disclosure of Criminal Record Information Sheet attached to the person specification before answering the following questions.** | | | | | | | | | |
| Do you have any criminal record information that the Council requires you to disclose?  Yes  No | | | | | | | | | |
| If “Yes”, please give details in the appropriate sections(s) below: | | | | | | | | | |
| **UNSPENT CONVICTIONS** | | | | | | | | | |
| **Nature of Offence** | **Date of Offence** | **Sentence/Order** | | **Date of Sentence/**  **Order** | | **Location of Court** | | **Full name at time of Offence/**  **Sentence/Order\*** | |
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| **PROSECUTIONS PENDING –** You only need to complete this section if the job for which you are applying requires a **Standard or Enhanced Disclosure** | | | | | | | | | |
| **Nature of Alleged Offence** | | | **Date of Alleged Offence** | | **Court Date (if known)** | | **Location of Court** | | **Full name at time of Alleged Offence\*** |
|  | | |  | |  | |  | |  |
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| **SPENT CONVICTIONS (including cautions, reprimands and final warnings) -** You only need to complete this section if the job for which you are applying requires a **Standard or Enhanced Disclosure** | | | | | | | | | | | | |
| **Nature of Offence** | **Date of Offence** | | **Sentence/Order** | | **Date of Sentence/**  **Order** | | **Location of Court** | | | **Full name at time of Offence/**  **Sentence/Order\*** | | |
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| **DISQUALIFICATION ORDER –** You only need to complete this section if the job for which you are applying requires a **Standard or Enhanced Disclosure** | | | | | | | | | | | | |
| Are you the subject of a Disqualification Order? Yes  No  If ‘Yes’, please give details below: | | | | | | | | | | | | |
| **Nature of Offence** | | | | **Date of Offence** | | **Date of Order** | | | **Location of Court** | | | **Full name at time of Offence/**  **Order\*** |
|  | | | |  | |  | | |  | | |  |
|  | | | |  | |  | | |  | | |  |
| **GOVERNMENT DEPARTMENT LISTS e.g. DBS Children’s Barred List or DBS Adult’s Barred List**.You only need to complete this section if the job for which you are applying requires a **Standard or Enhanced Disclosure with a Barred List/s Check**. | | | | | | | | | | | | |
| **Nature of Offence/Reason for Inclusion on the List** | | **Date of Offence** | | | **Date of Inclusion on List** | | | **Name of List**  **(e.g. Children’s or Adult’s Barred List)** | | | **Full name at the time of the Offence/**  **Inclusion on List(s)\*** | |
|  | |  | | |  | | |  | | |  | |
|  | |  | | |  | | |  | | |  | |
| **\*if different from the name you are using now** | | | | | | | | | | | | |
| **Declaration**  **I declare** that in submitting this application I have read the Disclosure of Criminal Record Information Sheet attached to the Person Specification. I have provided all the information required by the Council for the job for which I am applying.  Signed: Date: | | | | | | | | | | | | |