

# APPLICATION FORM

### **INSTRUCTIONS FOR COMPLETION:**

Please send a copy of your CV along with this completed application form.

Please complete all relevant sections in black ink or type and ensure that you sign the personal declaration.

1 JOB DETAILS		
Title of post for which applied:		
2 PERSONAL INFOR	MATION	
Title e.g. Mr, Mrs, Ms, Miss, Dr:	Forenames:	
Surname:		
Address:	Daytime Tel. No:	
	Evening Tel. No:	
Postcode:	Email Address:	
3 CURRENT/ MOST I	RECENT EMPLOYMENT/ EDUC	ATION
Name of Employer/ Name of college/ university	Job or course title	Dates From – To
Any qualifications or training applical	ble to this role:	

# 4 ADDITIONAL INFORMATION

For this role you should attach an up to date CV to support your application.  Please include either on your CV or in this section details of any experience you may have which is relevant to this role.
Please also state why you are interested in the role.

5 DRIVING LICENSE	
Do you hold a current Driving License? YES	NO 🗆
Please indicate which type by ticking the appropriate b	ox(es):
Provisional Standard Full LGV	(Arctic Rigid ) PSV
This information will be considered only if a driving lice have applied.	nse is an essential requirement of the job for which you
6 REFEREES	
Please give details of two people in position of responsithese should be your current (or most recent employer, be subject to satisfactory references.	
FIRST REFEREE	SECOND REFEREE
Name:	Name:
Job Title:	Job Title:
Address:	Address:
Tel. No:	Tel. No:
Name by which you are known to your referee:	Name by which you are known to your referee:
Relationship to you e.g. manager, supervisor:	Relationship to you e.g. manager, supervisor:
7 SPECIAL ARRANGEMENTS	
If you have a disability as defined by the Equality Act 2 during the recruitment process, please indicate how we	

### 8 CRIMINAL CONVICTIONS

A criminal conviction will not necessarily be a bar to recruitment and applicants will be considered on their merits. However for certain jobs it is unlawful for Local Authorities to recruit people with certain convictions hence the need for the following information.

For applicants for certain jobs the council may require a Disclosure from the Disclosure Barring Service. This will apply to successful candidates only. Information about whether a Disclosure will be required will be provided in the job pack accompanying this form.

Under the Rehabilitation of Offenders Act 1974 you may be entitled to answer "no" to this question even if you have, in the past, been subjected to criminal proceedings resulting in conviction(s). However, certain types of employment, especially those with access to children, are excluded under the Rehabilitation of Offenders Act 1974 (Exemptions) 1975, from the protection of the Act. It is therefore, suggested that you take appropriate advice if you are in any doubt as to the correct answer to give.

Have you ever been convicted of any criminal offence?	YES	NO
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If yes, please specify date of conviction, court, nature of offence and sentence imposed. These can be placed in a sealed envelope and returned with your application.

### 9 RELATIONSHIP

If you are the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle,
aunt, nephew, niece of an existing councillor or officer of the council or of the partner of such persons, pleas
provide the name of that person and the nature of the relationship below.

### 10 DISQUALIFICATION

The council will disqualify any applicant who directly or indirectly seeks the support of any councillor or officer for any appointment with the council. This does not preclude a councillor or officer from giving a written reference for a candidate.

### 11 DATA PROTECTION

Because we have a duty to protect the public funds we handle, we might need to use the information you have provided on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations which handle public funds. The personal information you provide will also be used to help us to monitor our equal opportunities policy and the application of our employment policies. It will be processed manually and electronically.

### 12 ACKNOWLEDGEMENT

In the interest of economy, receipt of this form will not be acknowledge unless a stamped address envelope is enclosed.

## 13 CONFIRMATION OF DETAILS

The information you have provided should be complete and correct. Falsification of information on the form will
result in your application not being pursued or your contract being terminated if you have already been
appointed to the job.

I confirm that the details in this application are correct and complete. I agree that the data provided can be used as described in Section 11 above.

Signed:	Date:

This form should be returned to: Jenny Dean,

Skipton Town Council Town Hall, High Street SKIPTON, North Yorkshire

**BD23 1FD** 



# PERSONAL INFORMATION SHEET

Skipton Town Council is committed to equality of opportunity. Skipton Town Council will not discriminate on grounds such as sex, age, marital status, sexuality, race, colour, disability, religion, politics or social origin.

This information will be separated from your application form and held in confidence for use in monitoring the effectiveness of our Equal Opportunity Policy. The monitoring information may be stored electronically.

JOB DETAILS
Title of post for which applied:
To help us monitoring our advertising, please indicate how you learnt of this vacancy e.g. newspaper (name of publication), word of mouth, other (please give details)
ETHNIC ORIGIN
Please tick as appropriate
WHITE  British  Any other white background  ASIAN OR ASIAN BRITISH  Indian  Pakistani  Bangladeshi  Any other Asian background  CHINESE OR OTHER ETHNIC GROUPS  Chinese  Other (please specify)  MIXED RACE  White and Black Caribbean  White and Black African  Any other mixed background  Caribbean  Any other mixed background  Any other Black background  Any other Black background
DISABILITY
The Equality Act states that a person has a disability for the purpose of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities.
I declare that I have a disability  Yes  No
If yes, it would be helpful to know the nature of your disability:

GENDER	
Please tick relevant box:	
MALE FEMALE	
AGE	
Date of birth: / / DD/MM/YY	
Age group:    Please tick	
ASYLUM AND IMIGRATION ACT 1996	
It is an offence to employ a person subject to immigration control unless he/she is entitled to be employed in the United Kingdom. A person subject to immigration control is someone who requires leave to enter or remain in the United Kingdom.	
This does not apply to*British citizens, *Irish citizens, *Commonwealth citizens with the right of abode in the United Kingdom. *Citizens of any countries in the European Economic Area/ Economic Union, *Asylum seekers with written permission to work, *People appealing against refusal of an application for further permission to stay, *Student nurses admitted under immigration rules, *Family members, irrespective of nationality, of non-British EEA nationals providing the EEA national is lawfully residing in the UK and if the family member is a spouse, the marriage has not ended.	
Prior to a confirmed offer of appointment, applicants will be required to produce original documentation to confirm that they are legally able to work in the United Kingdom.	
I confirm that I am entitled to be employed in the United Kingdom:	
YES NO	