



Warwick District Council



APPLICATION FOR EMPLOYMENT

Please return this form to:

Warwick District Council
HR Dept
Riverside House
Milverton Hill
Leamington Spa
CV32 5HZ
vacancies@warwickdc.gov.uk



POSITIVE ABOUT DISABLED PEOPLE

Please complete all sections of this form. A curriculum vitae (cv) will not be accepted.

POST APPLIED FOR	SERVICE AREA

SECTION ONE - PERSONAL DETAILS

Last Name / Family Name	First Names	Title
Address Postcode		
Home Telephone Number (including code)		
Work Telephone Number (including code)		
Mobile Telephone Number		
Email Address		
Can we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION TWO - EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYMENT			
EMPLOYER DETAILS		FROM / TO	
SALARY	JOB TITLE	REASON FOR LEAVING	NOTICE REQUIRED

OTHER TRAINING AND USEFUL EXPERIENCE
 (e.g. voluntary work, family care, etc. - relevant to this employment)

COURSE TITLE / DETAILS	ORGANISING BODY (IF APPLICABLE)	YEAR	DURATION

MEMBERSHIP OF PROFESSIONAL BODIES

DATE	BODY	GRADE OF MEMBERSHIP

SECTION FOUR - RELEVANT SKILLS, EXPERIENCE AND ABILITIES

The information provided in this section is very important in assessing your application. Please refer to the 'Guidance Notes on Completing your Application Form' for further information. If necessary, please continue on additional sheets and attach to the application form. Alternatively, you may type this section separately and attach it to the application form.

SECTION FIVE - OTHER INFORMATION

ENTITLEMENT TO WORK IN THE UK

If you are successful in obtaining employment with Warwick District Council, you will be required to provide evidence of your entitlement to work in the United Kingdom.

DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK?

YES NO

DISABILITY

Warwick District Council welcomes applications from people who have disabilities and guarantees to interview disabled candidates who meet the essential requirements of the post applied for. For this purpose, disability is defined as "a physical or mental impairment which has a substantial and long-term (over 12 months) adverse effect on a person's ability to carry out normal day-to-day activities".

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

YES NO

If yes, please indicate below if you have any special requirements regarding attendance at interview.

REHABILITATION OF OFFENDERS ACT 1974

Please declare any offences, sentences or cautions, reprimands, final warnings (and dates) which are not spent under the Rehabilitation of Offenders Act 1974. You are advised to disclose any charges which are or may be pending. Please refer to 'Equality for all Ex-Offenders' for further information; it should be noted that the post you are applying for may be subject to a Credit Check or Disclosure and Barring Service (DBS) check. The vacancy advertisement and supporting job information will state if this is so. In cases where posts are subject to a DBS check, all convictions will be disclosed and none are deemed spent. Please refer to 'Equality for all Ex-Offenders' document for further information.

DRIVING

DO YOU HAVE A CURRENT VALID DRIVING LICENCE?

YES NO

DO YOU HAVE ACCESS TO A CAR WHICH YOU CAN USE FOR COUNCIL BUSINESS?

YES NO

RELATIONSHIPS TO COUNCILLORS AND / OR SENIOR OFFICERS

Please give details of any relationship to any Councillor or Senior Officer for the District Council. Further guidance can be found in the 'Guidance Notes for Applicants' document. Please provide details below.

NAME OF COUNCILLOR / SENIOR OFFICER	POSITION HELD WITHIN THE COUNCIL	RELATIONSHIP

WHERE DID YOU SEE THIS POST ADVERTISED? (Please tick as many boxes as appropriate)

WDC Internal Intranet	
WDC External Website	
WM Jobs Website	
Brunswick Job club	
Army Recruitment Website	
WDC Staff Member	
WDC Twitter Alert	
WDC Email Alert	
WDC Facebook	
WDC Linked In	
Specialist press / website	
Other – Please specify	

REFERENCES

Give details of two referees, one of whom must be your present or most recent employer.

Students should give the name of their head teacher, tutor, professor, as appropriate).

Name _____	Name _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone _____	Telephone _____
Email _____	Email _____
Relationship _____	Relationship _____

Can this referee be contacted without further authorisation from you?

YES NO

Can this referee be contacted without further authorisation from you?

YES NO

DATA PROTECTION ACT

All the information requested in the Application Form and Equal Opportunities Monitoring Form is required in order that Warwick District Council can assess your suitability for the post for which you are applying and to fulfil our legal duties to monitor recruitment practices.

The information provided is maintained as sensitive personal data in line with the Data Protection Act 1998. Information you provide will be held on manual or computerised systems. The Council will observe strict confidentiality and disclosures will only be made for Payroll, HR Administration and Statistical purposes.

Your Application Form will be kept in a recruitment file and only employees involved in short-listing, interviewing and appointment will have access to this data. This could be Managers, HR and Departmental support employees. For senior appointments, Councillors and external assessors could be involved. The information will not be disclosed to anyone else outside of the Council.

If your application is unsuccessful, the application form and any other papers submitted will usually be destroyed twelve months after the appointment has been made. If you are appointed, your personal information will be held on your personnel record.

DECLARATION

I certify that all information contained in this form and any attachments is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal or the withdrawal of a job offer. I also acknowledge that canvassing of elected members of the Council or employees of the Council, directly or indirectly, in connection with this job will disqualify me from the application being taken forward.

Signature Date

(If completing this form online, an electronic / typed signature will be accepted)

PLEASE CONTINUE (SCROLL DOWN) TO COMPLETE THE EQUAL OPPORTUNITIES MONITORING FORM BELOW

Warwick District Council is an equal opportunities employer. Please return the following form with your application.

Warwick District Council operates a no-smoking policy.

EQUAL OPPORTUNITIES MONITORING FORM

Warwick District Council is committed to equality of opportunity both as an employer and as a service provider and recognises the value that a diverse workforce can bring. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form. This form will be separated from your application form prior to the selection process. The information you provide will be treated as sensitive data under the Data Protection Act 1998.

Please tick the relevant box in each section, or complete details as appropriate.

What is your gender identity?		(Tick one)
Male		<input type="checkbox"/>
Female		<input type="checkbox"/>
Other		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>
What age category are you in?		(Tick one)
Under 18		<input type="checkbox"/>
18-29		<input type="checkbox"/>
30-44		<input type="checkbox"/>
45-59		<input type="checkbox"/>
60 or over		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>
Do you consider yourself to have a disability?		(Tick one)
Yes		<input type="checkbox"/>
No		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>
Which ethnic group do you belong to?		(Tick one)
White – British/ English/Welsh/ Scottish/ Northern Irish		<input type="checkbox"/>
White – Irish		<input type="checkbox"/>
White – any other background		<input type="checkbox"/>
Asian or Asian British – Indian		<input type="checkbox"/>
Asian or Asian British – Pakistani		<input type="checkbox"/>
Asian or Asian British – Bangladeshi		<input type="checkbox"/>
Asian or Asian British – Chinese		<input type="checkbox"/>

Asian or Asian British – Any other Asian background	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>
Black or Black British – Any other Black background	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Any other ethnic group _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
What is your religion, even if you are not currently practising? (Tick one)	
Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
None	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Do you consider yourself to be...? (Tick one)	
Heterosexual or straight	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Lesbian women	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire.