

# SEFTON COUNCIL

## APPLICATION FOR EMPLOYMENT

**C O N F I D E N T I A L**

**IMPORTANT NOTE:**  
APPLICANTS SHOULD READ  
THE ENCLOSED GUIDANCE  
NOTES CAREFULLY BEFORE  
COMPLETING THIS  
APPLICATION FORM IN  
BLACK INK OR TYPESCRIPT  
**CVs MUST NOT BE  
SUBMITTED IN PLACE OF  
THIS FORM**

### 1. POST DETAILS

POSITION APPLIED FOR:	GRADE:
DEPARTMENT/SECTION/ESTABLISHMENT:	
VACANCY REF NO:	

### 2. PERSONAL DETAILS

SURNAME:	NI NUMBER:
FORENAME (S):	WORK TEL NO:
ADDRESS:	HOME TEL:
	MOBILE TEL NO:
	E-MAIL ADDRESS:
POST CODE:	
DO YOU HOLD A CURRENT DRIVING LICENCE? YES/NO _____	
IF YES, IS IT PROVISIONAL _____ FULL _____ OTHER e.g. MOTORCYCLE, HGV,PCV _____ ?	
(Please specify)	
DO YOU HAVE ANY ENDORSEMENTS/PENALTY POINTS, IF SO PLEASE GIVE DETAILS:	
DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? YES/NO _____	
ARE YOU APPLYING FOR THIS POSITION UNDER A GOVERNMENT EMPLOYMENT SCHEME? IF SO, PLEASE SPECIFY:-	

### 3. EDUCATION AND TRAINING

SECONDARY EDUCATION			
SECONDARY SCHOOLS/COLLEGES ATTENDED	DATES		QUALIFICATIONS ATTAINED (SUBJECTS AND GRADES)
	FROM	TO	

FURTHER EDUCATION			
COLLEGES AND/OR UNIVERSITIES ATTENDED	DATES		QUALIFICATIONS ATTAINED (SUBJECTS AND GRADES)
	FROM	TO	

OTHER RELEVANT TRAINING
<i>(Please include organisation, date and duration)</i>

MEMBERSHIP OF PROFESSIONAL OR TECHNICAL BODIES			
TITLE	DATE	LEVEL/GRADE	BY EXAMINATION
			YES/NO ___
			YES/NO ___
			YES/NO ___
			YES/NO ___

## 4. EMPLOYMENT DETAILS

PRESENT EMPLOYMENT (If applicable)	
JOB TITLE:	
NAME OF EMPLOYER AND FULL ADDRESS:	BRIEF DESCRIPTION OF DUTIES:
POST CODE:	
TEL No:	DATE APPOINTED::
SALARY GRADE AND/OR RANGE:	CURRENT SALARY:
OTHER BENEFITS/ALLOWANCES	NOTICE REQUIRED:

PREVIOUS EMPLOYMENT - STARTING WITH MOST RECENT			
DATES FROM TO	POSITION HELD GRADE/SALARY	EMPLOYER'S NAME AND ADDRESS	REASON FOR LEAVING

[Please continue on a separate sheet if necessary]

## **5. EXPERIENCE / ACHIEVEMENTS**

PLEASE GIVE DETAILS OF YOUR KNOWLEDGE SKILLS AND EXPERIENCE (INCLUDING OUTSIDE INTERESTS, VOLUNTARY WORK, AND EMPLOYMENT SCHEME ATTENDANCE) WHICH YOU FEEL ARE RELEVANT TO THE REQUIREMENTS OF THIS POST.

**[Please continue on a separate sheet if necessary]**

## 6. REHABILITATION OF OFFENDERS ACT 1974 & DISCLOSURE

### APPLICANTS MUST REFER TO THE GUIDANCE NOTES BEFORE COMPLETING THIS SECTION

If the job you are applying for is regulated and, exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA) you **must not** withhold information about convictions, which for other purposes are considered “spent” under the Act. **Any information given will be treated in the strictest of confidence and will only be considered in relation to applications for such posts. The Authority supports the rehabilitation of offenders and possession of a conviction will not necessarily mean unsuitability for employment in exempt posts. All cases will be examined on an individual basis and given full and fair consideration.**

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE (that we are legally entitled to ask about)? YES/NO \_\_\_\_\_

*The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the [Disclosure and Barring Service website](#). A detailed list is available on the DBS website and will be updated regularly by the DBS.*

IF YES, PLEASE GIVE DETAILS OF OFFENCE, INCLUDING DATE AND SENTENCE:

If you prefer to disclose your conviction under separate cover this will be acceptable provided that you tick the appropriate box above and attach the details in an envelope stapled to this form. The envelope must state your name and details of the post.

I have attached details of my conviction separately. \_\_\_\_\_ please enter YES OR NO

**Offers of employment to regulated and exempt posts will be subject to receipt of a satisfactory Disclosure via the Disclosure and Barring Service and/or HMG Baseline Personnel Security Standard Clearance via Disclosure Scotland.**

## 7. REFEREES

IN ACCORDANCE WITH THE **GUIDANCE NOTES (SECTION 7)** PLEASE ENTER DETAILS FOR 2 REFEREES WHO SHOULD BE YOUR PRESENT AND PREVIOUS EMPLOYERS (WHEREVER POSSIBLE). NEITHER SHOULD BE A MEMBER OF THE SELECTION PANEL OR CABINET MEMBER OF THE COUNCIL. PLEASE USE THE ADDITIONAL BOXES, IF REQUIRED, TO COVER THE MINIMUM PERIOD OF EITHER 2 OR 3 YEARS.

Name:  
Relationship:  
Employer Name:  
Job Title:  
Address:

Name:  
Relationship:  
Employer Name:  
Job Title:  
Address:

Tel no:  
Email:

Tel no:  
Email:

DO YOU HAVE ANY OBJECTION TO REFERENCES BEING TAKEN UP PRIOR TO INTERVIEW? YES/NO \_\_\_\_\_

## 8. OTHER INFORMATION

ARE YOU RELATED TO ANY ELECTED MEMBER, OR OFFICER OF SEFTON COUNCIL? IF SO, PLEASE STATE TO WHOM AND THE NATURE OF THE RELATIONSHIP.

**IF YOU HAVE A DISABILITY PLEASE SEE THE FURTHER INFORMATION SHOWN AT THE END OF THIS FORM.**

## 9. DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TO THE BEST OF MY KNOWLEDGE CORRECT. I UNDERSTAND THAT CANVASSING, EITHER DIRECTLY OR INDIRECTLY, OF ANY COUNCILLOR OR EMPLOYEE OF THE COUNCIL OR THE GIVING OF FALSE OR MISLEADING INFORMATION MAY LEAD TO DISQUALIFICATION AND, IF APPOINTED, MAY LEAD TO MY DISMISSAL.

FUTHERMORE, I UNDERSTAND THAT THE INFORMATION WILL ONLY BE USED FOR RECRUITMENT AND SELECTION PURPOSES AND THAT IT WILL ONLY BE KEPT ON FILE BY THE AUTHORITY FOR 1 YEAR THEREAFTER. HOWEVER, IF I AM APPOINTED TO THE POST THEN THE INFORMATION THAT IT CONTAINS WILL BE USED TO FORM PART OF MY PERSONAL FILE FOR EMPLOYMENT PURPOSES (EXCEPT FOR DISCLOSURE INFORMATION, IF APPLICABLE, WHICH WILL ONLY BE KEPT FOR 6 MONTHS).

SIGNED:

DATE:

***If you return this form by e-mail (without signature) you are deemed to have accepted the above declaration.***



## POSITIVE ABOUT DISABLED PEOPLE

Sefton Council is positive about Disabled people and committed to their employment. The Council's Policy is that any disabled applicant meeting the minimum, ie essential, criteria for the job will be interviewed. If you consider yourself to be a disabled person you can say so in your application and the Council's Policy for a guaranteed interview will be applied.

The following definitions have been provided for your information and use:

The Equality Act 2010 becomes law in October 2010. The Act harmonises and replaces previous legislation (such as the Disability Discrimination Act 1995 and 2005). To qualify as disabled under the Equality Act, a person will have to show that **each** of the four conditions set out below are met.

1. A disabled person is someone who has a **physical or mental impairment**.

**Physical impairment** includes hearing and visual impairments and conditions such as diabetes, dyslexia, severe disfigurement, heart conditions, and epilepsy. It also includes anyone who has an impairment which is likely to develop over time such as cancer, multiple sclerosis, or someone living with HIV or AIDS.

**Mental impairment** includes learning disabilities and mental illnesses.

People whose impairments are controlled, corrected or adjusted by medication or appliances are covered by the Equality Act, as are those who have had a disability in the past but have since recovered.

2. The impairment has got to last, or be expected to last, **at least 12 months**.
  - a person with a broken leg who is only temporarily disabled would not be covered.
  - a person who has had an impairment, which may happen again, is covered.
3. The impairment must have a **substantial** and long term adverse effect. This may be obvious in the time it takes someone to carry out a task or in the way he/she carries out the task.
4. The impairment must affect the person's ability to carry out **normal day-to-day activities**.

**If you wish your application to be considered under the above Policy, please see below**

## POSITIVE ABOUT DISABLED PEOPLE

This form should be completed by candidates:

- Who consider themselves disabled under the Equality Act

**And**

- Who wish to make this application under the Council's Guaranteed Interview Scheme.

The form should then be returned **with your application form**

Do you consider yourself to be disabled as defined overleaf?

Yes

No

**PLEASE NOTE:**

**In order to receive a guaranteed interview you must also meet the minimum criteria for the job therefore please complete the full application form.**

**Please do not use this form if you are applying for a vacancy in a school.**

Sefton Council has a duty, along with other Local Authorities, to promote equality of opportunity for disabled people. One action that the Council has taken, to comply with this duty, is to actively pursue the commitments of the disability symbol. To date validation of the requirements of the symbol has been possible within central Directorates but this does not yet include schools. For this reason the symbol and consequent provisions cannot yet apply to school vacancies

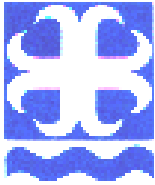
**Please be aware that the giving of false or misleading information about a disability may lead to disqualification and, if appointed, may affect your employment with the Council**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Name (please print clearly)**





# EQUAL OPPORTUNITIES IN RECRUITMENT

## MONITORING FORM

### EQUAL OPPORTUNITIES IN RECRUITMENT MONITORING

Please read the Guidance Notes before completing this form and return it with your application form.

**Why we are asking you to complete this form:**

All applicants for jobs within Sefton Council will receive equal treatment, irrespective of their gender, age, race, religion or belief, sexual orientation or disability.

By completing this form you will be helping us to monitor who is applying for jobs and measure how effectively we are reaching all sections of the community.

There are a range of policies in place that are intended to provide a fair workplace for all.

Please be assured that the information you provide will be treated in **absolute confidence**, and will be used for statistical monitoring purposes only.

POST APPLIED FOR:

VACANCY REF NO.

HOW DID YOU FIND OUT ABOUT THIS VACANCY?

#### GENDER

#### AGE

MALE   
FEMALE

DATE OF BIRTH \_\_\_\_\_

#### RACE

WHAT BEST DESCRIBES YOUR ETHNIC ORIGIN?

(Place x in relevant box)

<b>WHITE</b>	BRITISH		<b>MIXED DUAL HERITAGE</b>	WHITE AND BLACK CARIBBEAN	
	IRISH			WHITE AND BLACK AFRICAN	
	POLISH			WHITE AND ASIAN	
	PORTUGUESE			ANY OTHER MIXED BACKGROUND (please specify)	
	ANY OTHER WHITE EUROPEAN (please specify)				
	ANY OTHER WHITE NON- EUROPEAN (please specify)		<b>CHINESE OR OTHER ETHNIC GROUP</b>	CHINESE	
<b>ASIAN</b>	INDIAN			TRAVELLER	
<b>OR ASIAN BRITISH</b>	PAKISTANI			GYPSY	
	BANGLADESHI			ANY OTHER ETHNIC GROUP (please specify)	
	ANY OTHER ASIAN BACKGROUND (please specify)		<b>BLACK OR BLACK BRITISH</b>	CARIBBEAN	
				AFRICAN	
				ANY OTHER BLACK BACKGROUND (please specify)	

## DISABILITY/OTHER INFORMATION

The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities. People with HIV, cancer, chronic heart disease and multiple sclerosis are deemed to be covered by the Equality Act effectively from the point of diagnosis.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES  NO

IF YES, PLEASE PROVIDE DETAILS OF THE NATURE OF YOUR DISABILITY:

PHYSICAL IMPAIRMENT  VISUAL IMPAIRMENT/BLIND   
LEARNING DISABILITY  MENTAL HEALTH/MENTAL DISTRESS   
HEARING IMPAIRMENT/DEAF  LONG TERM LIMITING ILLNESS   
OTHER (PLEASE SPECIFY) \_\_\_\_\_

ARE YOU APPLYING FOR THIS POST ON A JOBSHARE BASIS? YES  NO

ARE YOU CURRENTLY UNEMPLOYED? YES  NO

## RELIGION/BELIEF

WHAT IS YOUR RELIGION/BELIEF?

BUDDHIST  CHRISTIAN   
HINDU  JEWISH   
MUSLIM  SIKH   
NO RELIGION  ANY OTHER RELIGION OR BELIEF  
DO NOT WISH TO DISCLOSE  (please specify) \_\_\_\_\_

## SEXUAL ORIENTATION

HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

BISEXUAL  GAY   
GAY/LESBIAN  HETEROSEXUAL   
OTHER  DO NOT WISH TO DISCLOSE

## GENDER IDENTITY

IS YOUR GENDER IDENTITY OPPOSITE TO THAT ASSIGNED AT BIRTH? YES  NO

### OFFICE USE ONLY

Please tear this slip off before supplying the Application Form to the shortlisting panel. Guidance on collecting monitoring data can be obtained from the Recruitment Monitoring Procedure in the Personnel Policy and Procedures Handbook.

Thank you for completing this form. If you have any queries or comments regarding Equal Opportunities monitoring please contact the Personnel Department, Sefton Council, 2<sup>nd</sup> Floor, Magdalen House, 30 Trinity Road, Bootle, Merseyside L20 3NJ. Tel No. 0151 934 3379.