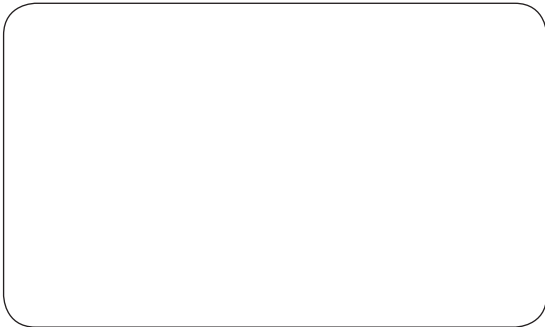




APPLICATION FOR EMPLOYMENT

An Equal Opportunities Employer



Please complete this form fully and carefully. It will be used in making an initial assessment of your application. The information submitted will be treated in strict confidence.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:-

PERSONNEL SECTION
WORCESTER CITY COUNCIL
ORCHARD HOUSE
FARRIER STREET
WORCESTER WR1 3BB

Tel: (01905) 722233
Fax: (01905) 722034

Please Note
C.V.'s cannot be accepted because of
the difficulty in removing personal
details about you.
For ease of photocopying please
complete this form in type or black ink.

PRESENT EMPLOYER

Employer's name and address and type of business	Dates From To	Positions held including details of duties and responsibilities	Reason for wishing to change employer

Grade/Scale if applicable

Present
Salary

Other
Allowances

Period of notice required
by present employer

WORCESTER CITY COUNCIL

PREVIOUS EMPLOYERS

Start with the most recent and work backwards and, where applicable, please include all jobs held with Worcester City Council

Employer's name and address and type of business	Dates From To	Positions held including details of duties and responsibilities	Reason for leaving
Please continue on a separate sheet if necessary			

EDUCATION AND QUALIFICATIONS

Dates From To	SECONDARY EDUCATION Examinations passed and examining board(s) (if known). Results with grades (or awaiting results).
FURTHER EDUCATION Results with grades	
PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS PLEASE STATE LEVEL AND WHETHER GAINED BY EXAM/PROJECT OR CONTINUOUS ASSESSMENT (You will be required to provide copies of your certificates etc during the selection process)	

RELEVANT TRAINING COURSES ATTENDED

Details

Dates

HEALTH

Please give details of any serious illness/operation etc.

Please list number of days and reason for sickness or injury absence from work (or school) during the last 3 years.

GENERAL INFORMATION

If you have a disability are there any arrangements which we can make for you if you are called for an interview?

YES NO

If YES, please specify, e.g. parking space, ground floor venue etc. _____

CAUTIONS/CONVICTIONS/DISQUALIFICATIONS

(a) Any cautions/convictions YES NO (b) Disqualifications from driving YES NO

If applicable please give details on a separate sheet of paper

A caution or conviction will not necessarily bar you from being appointed to the position. It will depend on the details of the caution or conviction, how relevant it is to the post, and how long ago it occurred.

This does not apply to convictions which are 'spent' in accordance with the Rehabilitation of Offenders Act 1974, unless the work includes contact with persons aged under 18 or over 65. Please telephone the Personnel Section on 01905 722233 if you are in any doubt on this point.

REFEREES

If you are or have been employed, one referee must be your present or most recent employer. 'Character references should only be provided if you have no previous employment. Relations are not acceptable as referees.

Ref 1 Name: _____ **Ref 2** Name: _____

Address: _____ Address: _____

Postcode: _____ Postcode: _____

Tel No.: _____ Tel No.: _____

Job Title: _____ Job Title: _____

Do you wish to be consulted before referee is approached? YES NO

DRIVING

Do you hold a current driving licence? YES NO Type Provisional/Full/LGV Class _____

Are you a car owner? YES NO Are you prepared to use your car for business? YES NO

FURTHER DETAILS

Why do you consider yourself a suitable candidate for this position? Please refer to the job description and person specification and give details of your experience, knowledge and skills. You can also include any interests, whether or not job-related, that may be relevant to this position.

Please continue on a separate sheet if necessary

If you need assistance to complete this form or require an alternative format, please contact the Personnel Section on 01905 722233 or Typetalk 18001 01905 722233.

THIS PORTION OF THE FORM WILL BE DETACHED PRIOR TO SHORTLISTING TO ENSURE EQUAL OPPORTUNITIES FOR ALL APPLICANTS. PLEASE RETURN THE FORM INTACT AND COMPLETE ALL PAGES.

STRICTLY CONFIDENTIAL

National Insurance Number									

PERSONAL DETAILS

Surname: _____ Previous Names: _____

First Names: _____ Title (Mr / Mrs / Miss / Ms)
(Delete as appropriate)

Address: _____

Postcode: _____

Home E-mail Address: _____

Home Tel No.: _____ Work Tel No.: _____ Mobile No.: _____ Date of Birth: ____ / ____ / ____

DISABILITY

Do you suffer from any disability that might affect you in this job? If YES, please give details. YES NO

For information the Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

JOB SHARING

Most jobs may be open to sharing. Please indicate if you wish your application to be considered on this basis YES NO

In which publication did you see the advertisement for this position? _____

If on the Internet which Web Site? _____

RELATIONSHIPS

To the best of your knowledge are you related to any Councillor or to any employee of Worcester City Council? Failure to disclose this may affect your appointment to the post. YES NO

If YES, please give details _____

Data Protection Act 1998 The information provided by you on this application form may be copied for use during the recruitment process. Once the process is completed, the manual data will be stored for at least 12 months and then destroyed. Some data will be held on computer and used to produce overall equal opportunities statistics that enable the Council to monitor the effectiveness of the recruitment process.

If you are the successful candidate this form and the information provided will be retained as part of your computerised and manual personnel records.

I declare that the information given on the form and this insert is both true and complete to the best of my knowledge and belief. I agree that the accuracy of my replies to the questions shall form the basis of any Contract for services that may be offered by the Council. I also understand that failure to disclose any information requested in this form and/or canvassing for the appointment will disqualify me and discovery after appointment may lead to dismissal from the Council's Service.

I consent to the use, storage and processing of my information as above and the details being held on record or file including on any computer systems as necessary.

Signed: _____ Date: _____

**PLEASE REMEMBER TO COMPLETE THIS SIDE OF THE FORM.
IF YOU DO NOT DO SO WE WILL NOT BE ABLE TO ACCEPT YOUR APPLICATION.**

P.T.O.



STRICTLY CONFIDENTIAL - WORCESTER CITY COUNCIL
EQUAL OPPORTUNITIES POLICY (abridged version)

Worcester City Council is committed to equality of opportunity for both its customers and its employees. The Council has overall responsibility for the implementation of this policy.

Worcester City Council is an Equal Opportunities Organisation. The aim of our policy is to ensure that no job applicant or employee is discriminated against on the grounds of sex, sexual orientation, gender reassignment, disability, race, colour, age, nationality, marital status, political or religious belief, trade union activities, ethnic or national origins or is disadvantaged by conditions or requirements which cannot be shown to be justified.

Employment selection criteria and procedures will be frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

To help the Council monitor the effectiveness of this policy you are requested to complete this form and return it with your application. This information will be separated from your application as soon as it is received. It will not be passed on to anyone involved in the short listing or appointment process for this post.

If you have any queries please contact the Personnel Section on 01905 722233.

Please tick the appropriate boxes:-

I am: Female Male

I am: Single Married Divorced Widowed Other (please specify) _____

MY ETHNIC GROUP IS: (please tick the group to which you consider you belong giving a further description where appropriate. Please read explanatory notes below for further definitions).

White

White British
Irish
Any other White background (please specify)

Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background (please specify)

Chinese

Chinese
Other Ethnic Group (please specify)

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background (please specify)

Black or Black British

Caribbean
African
Any other Black background (please specify)

Other

Any other Group (please specify)

Other issues

If you are a member of any specific group which you consider may be discriminated against, e.g. as a consequence of sexual orientation, religion or belief. Please specify below anything you wish us to be aware of.

EXPLANATORY NOTES

The ethnic groups set out above are those recommended by the Commission for Racial Equality and were used by the 2001 Census. Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and ethnicity. UK citizens can belong to any of the groups indicated.

If you feel you belong to more than one ethnic group, please either tick the group to which you consider you belong or tick the 'any other ethnic group' box and give details in the space provided.