



CONFIDENTIAL
APPLICATION FORM

Position Applied for:

Notes for Completion:

- 1 Please complete the form using **black** font
- 2 Please complete **all** sections, failure to do so may result in your application not being considered
- 3 A CV will not be accepted as an application nor will reference answers to a CV
- 4 Please **return by email to** volunteer@polegatetowncouncil.gov.uk
- 5 The closing date for applications is **5pm on Tuesday 25th February 2025.**

1. Personal Details

Surname

Telephone Number (mobile)

Forename(s)

Telephone Number (Home)

Address
.....
.....

E-Mail Address

Post Code

Holiday Commitment:

Please give details of any holiday commitment you have over the next 12 months:

2. Professional Membership	
Organisation	Membership Status

3. Education and Qualifications (Secondary/College/University etc.)				
Dates		School/College/ University etc.	Qualifications (State level and subject)	Grades
from	to			

4. Present/Most Recent Employment	
Name & Address of Employer:	Reason for wanting to Leave:

Job Title:			
Period of notice required:			
Main duties:			
Present salary and allowances:			

5. Previous Employment (Please list your previous two employers and any other relevant employment)

[illegible]

6. Information in Support of your Application

Notes

- 1 Please explain why you are applying for this vacancy.
2 Also explain how you meet the Person Specification criteria for this post by making reference to previous experience and training.

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7. Training

Please give details of any courses you have completed which you think are relevant to this post:

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8. Interests, Hobbies, Sports

Please give brief details of your interests outside work, including membership of clubs and any voluntary work you undertake which may be relevant to this post

9. Other Information

Do you hold a current Driving Licence? Y / N

What kind of licence is it? Provisional ☐ Full ☐ HGV ☐

Do you have regular use of a vehicle? Y / N

Please give details of any penalty points and/or driving ban in the last five years

How did you learn of this vacancy?

Facebook ☐ Noticeboard ☐

Word of mouth ☐ Linked In ☐

Job website ☐ Which one ?

Other ☐ Please specify

10. Health and Medical History

The successful applicant will be required to complete a Medical Questionnaire upon acceptance of the post.

Approximately how many sick days have you had in the last two years?

11. Interview Arrangements

If you need any reasonable adjustments to be made in order for you to be interviewed for this position at our premises, please give details

12. **References** please ensure your references are in a position to respond promptly. It is our policy to contact ALL named referees after a conditional offer has been made. **Your employer's reference must be either your line manager or the HR Manager of the organisation who have been authorised to give references on behalf of your organisation and confirm this in their reference.**

Personal Reference Name:	Employer's Reference Name:
Address:	Address:
Telephone number:	Telephone number:
Occupation:	Occupation:
May we contact prior to interview Y / N	May we contact prior to interview Y / N

13. **Declarations/Code of Conduct**

Are you related to any Councillor or Employee of this council? Y / N

If YES, please give details:

I understand that canvassing of Councillors or Officers, directly or indirectly, will disqualify my application

Right to work in UK

Are you legally entitled to work in the UK? Y / N

We will require evidence of this prior to commencing employment

Criminal Record

Have you ever been convicted of a criminal offence? Y / N

Declaration subject to the Rehabilitation of Offenders Act 1974

If YES, please give details:

Work related disciplinarys

Have you been subject to a disciplinary within the past three years ? Y / N

Please give details:

Are you currently subject to disciplinary proceedings or grievance hearing against yourself? Y/N

Please give details:

Data Protection

The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent, we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed:

Date:

Declaration

I confirm that the information given on this application form is, to the best of my knowledge and belief true and complete in all respects. I understand that should I have deliberately made a false or misleading statement on this form deemed to be a deliberate attempt to deceive will disqualify the application or, if already in post, will result in the employment being terminated.

Signed:

Date:

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Equal opportunities recruitment monitoring form

Position Applied for:

Polegate Town Council is committed to equal opportunities in employment and seeks to ensure that no candidate is treated less favourably on the grounds of age, race, colour, ethnic origin, sex, marital status, or disability. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will stay confidential.

Gender Man ☐ Woman ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own term, please specify here

you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Are

Age

16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ British ☐ Gypsy or Irish Traveller ☐
Prefer not to say ☐ Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐ Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐ Prefer not to say ☐ If you prefer to use your own term, please specify here

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐

Primary carer of disabled child/children ☐

Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐

Secondary carer (another person carries out the main caring role) ☐

Prefer not to say ☐

I understand that this information may be stored confidentially and processed as part of the Polegate Town Council's monitoring of equal opportunities only in accordance with its obligations under the Equality Act and I give my consent to my details to be used for this purpose.

Signed

Date

Name

Thank you for your co-operation.