



## The Best People: The Best Services

This form and its guidance are available in alternative formats (see back page) or you can apply online at

## www.leics.gov.uk/jobs

Free internet access is available at all Leicestershire Libraries & Service Points

Please read the guidance before completing this form. It explains how to complete the form and contains some advice which may help you to submit a better application.

## Job Application Form

1 Post Details	Post Ref:
Post applied for:	
Department:	Location:
2 Personal Details	
Family Name:	Other Names:
Previous Names:	
Title:	National Insurance Number:
Address:	Contact Telephone Number:
	Please only answer the questions below if they are a requirement on the Person Specification for this post
	Do you have a current full driving licence?
	Yes No No
Postcode:	Do you have use of a vehicle?
Email:	Yes No No
3 Present Employment	
	employment please leave blank)
Job Title:	Telephone Number:
Employer's Name:	May we contact you on this number?
Address:	Yes No No
7.44.000	Basic Pay/grade:
	Other Pay:
	Date Started:
	Period of Notice:
Postcode:	
Postcode:	
Postcode: Outline of key duties and respon	

Organisation	Role	Salary (If Applicable)	Period From MM/YYYY	To MM/YYYY	Reason for leaving
4b Please spe	cify all time	not accounted for	or above with	n dates and	d reasons
- 0					
_	•	, Skills, Knowled ant experience, skill	•		ncies which you
I loade tell as as	•	for the job, always		•	•
	•				

_	
	5 Summary of Experience, Skills, Knowledge and Competencies (continued)
	6 Relationships
	Are you related to any Elected Member/employee of Leicestershire County Council?
	Yes No No
	If yes, please give details
	7 Criminal Convictions and Cautions
	To be read in conjunction with the criminal convictions section on the application form guidance notes.
	Have you ever received a caution, including conditional cautions, been convicted by a court of any offence, been reprimanded or given a final warning? Yes \( \subseteq \text{No} \subseteq \)
	Please give details of all convictions and/or cautions in a sealed envelope and attach this to your form including date, court and nature of offence.
	The Terms and Conditions of Employment found in your job pack will tell you if this post is subject to a CRB check.

Qualification gained or	Grade	Date	School/College/University
pending. Please state subject		Achieved	
(Please be prepared to provide evidence at interview)		(MM/YYYY)	
provide evidence at interview,			
	,	1	

9 Membership of Relevant O	rganisations	
Professional Body/Association	Qualification/Membership Level	Dates of Qual/Membership (MM/YYYY)

		Duration	
Organising Body	Brief Details of Course/Award	From	То

11 Monitoring Section		
	ould complete this section for us.	-
	nity in employment and service d r and equal treatment of applican	-
	ored separately to the information asis for decision-making within th	
Department:	asis for accision making within th	e selection process.
Post Ref:	Based a	nt:
Application for post of:		<u> </u>
· · · · · · · · · · · · · · · · · · ·	r othnicity?	
<ol> <li>How would you describe you</li> <li>White</li> </ol>	(b) Mixed	(c) Asian or Asian British
☐ British	White and Black Caribbean	Indian
☐ Irish	White and Black African	Pakistani
☐ Any other White background		☐ Bangladeshi
(please write in below)	Any other mixed background	Any other Asian background
	(please write in below)	(please write in below)
(d) Black or Black British	(e) Chinese or other	(f) Gypsy/Traveller
Caribbean	ethnic group	Irish Traveller
African	Chinese	Romany Gypsy
Any other Black background	Any other ethnic group	Any other background
(please write in below)	(please write in below)	(please write in below)
2) My sex is Female N	│ ∕lale	
3) My date of birth is (DD/MM/Y	YYY)	Age:
4) The Disability Discrimination	Act 1995 defines disability as:	
•	: which has a substantial and long	g term adverse effect on the
ability to carry out normal day-to		,
I consider myself	ed Non Disabled	
5) Religion		
My religion is:		
, , , _	ansinationa) 🗆 Hindu 🗖 La	iala 🗆 Mualina 🗆
Buddhist Christian (all den	ominations) Hindu Je	wish Muslim
Sikh None Other	Please Specify	
•	cy advertised? (Please be specific nty Council website/ Word of mo	•
7) Do you work for Leicestershire	e County Council now? Yes	No 🗌
If yes do you consider this job to	be a promotion? Yes	No 🗌
Family Name:	First Names	S:
OFFICE USE ONLY Short	listed 🗌 Interviewe	ed Appointed



12 Disability/Health Conditions
The County Council encourages people with disabilities to apply for jobs and uses the 'Two Ticks' Disability Symbol. This means that the County Council is committed to interviewing all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their abilities.
The Disability Discrimination Act 1995 defines disability as:
'A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'
Please see notes of guidance for further clarification of this definition.
I consider myself
Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or which you wish us to take into account when considering your application.
☐ Interview information on audio tape
☐ Interview information in large print format
☐ Sign language interpretation or other assistance with communication at interview
☐ Induction loop in interview room
☐ Wheelchair-accessible location for interview and tests if applicable
☐ Car parking space for interview
☐ Facility for personal carer, assistant or other person to accompany you at interview
Please specify any other support, which you would like to be made available on the day
13 Attendance
Please detail your sickness absence (school/college/work) in the last year, including number of days and frequency. Please indicate if the absence was disability or pregnancy-related.
We will request details of your sickness absence from your employment referee.

## 14 Data Protection Act

The information you supply when requesting a job pack will be held in electronic format for monitoring and evaluation purposes and in connection with any future contact. This information will be kept for a maximum of 18 months from last contact.

When you sign and return this form you are giving permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for 6 months and then destroyed. The information may be used by Leicestershire County Council for the purposes of equality monitoring, compiling statistics and maintaining other employment records. If you are a Jobcentre Plus or Connexions client we will disclose information to them for performance and monitoring purposes.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Email address:	Email address:
Telephone No:	Telephone No:
Title/Position:	Title/Position:
Relationship to applicant:	Relationship to applicant:
Please tick this box if this referee is not	Please tick this box if this referee is not
to be contacted prior to interview without	to be contacted prior to interview without
your permission	your permission
Please note that an offer of employment canner references, one of which should be your prese	ot be made without prior receipt of satisfactory
_	uld not be available to attend for interview:
_	uld not be available to attend for interview:
Please indicate below any dates when you wo	uld not be available to attend for interview:
Please indicate below any dates when you wo	ion I have put in this form is true and accurate, and
that I have read all of the relevant sections of I also confirm that I have not directly or indi	ion I have put in this form is true and accurate, and
Please indicate below any dates when you wo  7 Declaration  I am signing this to say that all the informat that I have read all of the relevant sections of I also confirm that I have not directly or indicate of the County Council or Governor of a school as this would disqualify me as a candidate.  I understand that if I don't tell you about an the County Council, or Governor of the school	ion I have put in this form is true and accurate, and of the application form guidance notes.  rectly approached an Elected Member or employee ol/college to support me in making this application, by relationships with any members or employees of ol/college, or I neglect to tell you about any criminatings detailed in the guidance notes, and this is
Please indicate below any dates when you wo  7 Declaration  I am signing this to say that all the informat that I have read all of the relevant sections of the County Council or Governor of a school as this would disqualify me as a candidate.  I understand that if I don't tell you about an the County Council, or Governor of the school convictions/cautions/reprimands/final warning discovered after appointment, I could be discovered understand that satisfactory reference	ion I have put in this form is true and accurate, and of the application form guidance notes.  rectly approached an Elected Member or employee ol/college to support me in making this application, by relationships with any members or employees of ol/college, or I neglect to tell you about any criminatings detailed in the guidance notes, and this is

This form and its guidance notes can be requested in alternative formats including braille, large print, tape etc: Telephone 0116 305 6252, Fax 0116 305 6254, Email mainreception@leics.gov.uk, Minicom 0116 305 6870