



JOB APPLICATION FORM

Insert post details

Closing Date:

Please write in capital letters in black ink or type. Please do not include a CV.

Reference Number

Please refer to the accompanying guidance notes when completing your application.

PERSONAL DETAILS

Surname:	Forenames:
Date of Birth	
Address:	telephone Home: <input type="checkbox"/> Business: <input type="checkbox"/> Mobile: <input type="checkbox"/>
Postcode:	e-mail address Please indicate preferred contact method

Please state where you saw the job advertised:

GENERAL

- Do you consider yourself to have a disability? Yes No
- Are you currently in receipt of Incapacity Benefit Yes No
- Are you currently in receipt of a Carers Allowance Yes No
- Are you currently in receipt of Benefits Yes No

Are there any adjustments that may be required to be made should you be invited for interview? If so please state here:

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Yes No

If yes please provide details:

If you are successful in your application would you require a work permit prior to taking up employment? Yes No

For office use only: Disability New deal Incapacity Benefit Carers Allowance Ref: _____

EDUCATION and QUALIFICATIONS

Secondary education			
Subject	Qualification	Grade	Year Obtained

Further Education/Vocational/Professional Qualifications held: (continue on a separate sheet if necessary)			
Subject	Qualification	Grade	Year Obtained

Qualifications currently being studied		
Method of study	Level	Examination date

Membership of Professional Bodies				
Institute	Grade of Membership, Membership Number	Enrolment date	Examination date	Expiry date

PRESENT OR MOST RECENT EMPLOYMENT

Name of Employer:

Address

Post Held

Grade

Date of Appointment

Salary

Notice Required

Telephone Number

PREVIOUS EMPLOYMENT (most recent first)

Dates (month/year)	Employers name and address	Position Held/Grade	Reason for Leaving

INFORMATION IN SUPPORT OF YOUR APPLICATION

Please read the job description and person specification carefully, then explain how your knowledge, skills and experience relate to the post for which you are applying. These may have been gained through paid employment, domestic responsibilities, voluntary/community work, spare time activities and training. Please state what qualities you are able to bring to the post, highlighting specific skills, knowledge, abilities or other relevant factors in support of your application including any significant achievements (continue on no more than two additional A4 sheets if necessary adding the reference number but not your name to each sheet).

REFERENCES

Wherever possible references should relate to current or previous employment or alternatively work experience. One referee **MUST** be from your current or most recent employer **OR** if in school, college or just completed education one referee must from school/college (the application will not be pursued without two referees supplied) NYCC reserve the right to request an alternative referee if that is deemed inappropriate.

Name

Name:

Address:

Address:

Tel No:

Tel No:

Fax No:

Fax No:

e-mail:

e-mail:

Occupation

Occupation:

I give/do not give permission to take up my references prior to an offer of employment being made

(delete clearly as appropriate)

I give/do not give permission to take up my references prior to an offer of employment being made

(delete clearly as appropriate)

I declare that the information contained in this application form is correct and understand that the Council will request to see proof of qualifications at the time of interview.

I consent to North Yorkshire County Council recording and processing the information detailed in this application. North Yorkshire County Council will comply with their obligation under the Data Protection Act 1998.

DECLARATIONS AND CONSENTS.

Are you related to any Member or employee of the County Council

Yes No

or

If you are applying to a school, are you related to a member of the School Governing Body

Yes No

If so, please give name(s) & relationship

I understand that canvassing of any Governors, Members or Officers of North Yorkshire County Council in connection with this appointment will disqualify me.

Have you ever been convicted of a criminal offence

Yes No

If yes, please give details on a separate sheet (please read notes of guidance before completing this section).

Do you hold a current driving licence? Yes/No Do you have use of a car? Yes/No

What type of licence is it? (eg full, provisional, HGV, PSV)

Please give brief details of any absences of three days or more which you have had in the last two years due to sickness.

Are there any dates when you would not be available for interview in the near future?

Please specify where you saw this advertisement.

Information supplied on this form will be used to monitor the effectiveness of our practices and procedures, in particular our Equal Opportunities Policy. The monitoring is for statistical purposes only, and your personal details will not be identifiable from this process. North Yorkshire County Council will not retain application forms after six months from the date of appointment to the post. These will be destroyed confidentially.

Signature:**Dated:**.....



North

Yorkshire County Council

EQUAL OPPORTUNITIES MONITORING FORM

OFFICE USE ONLY

Post Number

A	A	A	N	N	N	N	N	N	N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Please use printed forms only, not photocopies.

North Yorkshire County Council is committed to the principle of equality in employment. The Council's aim is to ensure equality of opportunity for all existing and prospective employees.

In order to assist the Council in monitoring its recruitment procedures your co-operation in providing the information requested on this form would be appreciated. This information will not form part of your application, but will be separated from your application form upon receipt. The information provided will be used purely for statistical purposes.

Please refer to the Guidance Notes for Applicants for further information about this form.

PLEASE USE CAPITAL LETTERS OR PLACE A CROSS IN BOXES WHERE APPLICABLE

1 To which Directorate are you applying?

Chief Executive's Group <input type="checkbox"/>	Children and Young People's Service <input type="checkbox"/>	Business and Environmental Services <input type="checkbox"/>
Adult and Community Services <input type="checkbox"/>	Finance and Central Services <input type="checkbox"/>	School <input type="checkbox"/>

2 Gender: Male Female

3 Age:

Under 18 18 - 24 25 - 34 35 - 44 45 - 55 Over 55

4 Please indicate whether the post is: (mark all that apply)

Full Time <input type="checkbox"/>	Term -Time <input type="checkbox"/>	Part - Time <input type="checkbox"/>
Casual/Relief <input type="checkbox"/>	Job Share <input type="checkbox"/>	Fixed Term/Temp <input type="checkbox"/>
Other <input type="checkbox"/>		

5 Do you consider yourself to have a disability? Yes No

6 Are you currently employed by NYCC? Yes No

7 Are you applying under the New Deal Initiative? Yes No

8 Are you applying as a claimant of:

Incapacity Benefit Carers Allowance for people on IB Neither



9 Where did you see the vacancy advertised?

Local Press	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Personnel Bulletin	<input type="checkbox"/>																				
National Press	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Phoned	<input type="checkbox"/>	Professional Journal	<input type="checkbox"/>																				
University	<input type="checkbox"/>	College	<input type="checkbox"/>	School	<input type="checkbox"/>	Library	<input type="checkbox"/>																				
Careers Centre	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Email	<input type="checkbox"/>	Local Government Magazine	<input type="checkbox"/>																				
Other	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									

10 Please note: the categories below are taken from the 2001 Census. The Council is required to use this format for its monitoring exercises.

What is your ethnic group? Please choose one section from (a) to (e), then place a cross in the appropriate box to indicate your cultural background.

(a) **White**

British	<input type="checkbox"/>	
Irish	<input type="checkbox"/>	
Any other white background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(b) **Mixed**

White and Black Caribbean	<input type="checkbox"/>	
White and Black African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>	
Any other mixed background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(c) **Asian or Asian British**

Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	
Any other Asian background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(d) **Black or Black British**

Caribbean	<input type="checkbox"/>	
African	<input type="checkbox"/>	
Any other black background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(e) **Chinese or other Ethnic Group**

Chinese	<input type="checkbox"/>	
Any other ethnic group	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

FOR OFFICE USE ONLY 1 2 3 4

MONTH/YEAR SELECTION PROCESS UNDERTAKEN

M	M	Y	Y	Y	Y
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

