

# JOB APPLICATION



Canvassing Members of the Council, directly or indirectly,  
disqualifies your application.



**RETURN TO: Head of Human Resources, Exeter City Council, Civic Centre, Paris Street, Exeter EX1 1JN.  
Telephone: (01392) 265677 Fax: (01392) 265265**

Job Title:	Grade/Salary:
Unit:	Post No:                      Closing Date:

**QUALIFICATIONS** (Earliest to Latest - Please continue in the supporting information section if necessary)

School, F.E. College, University	Full or Part Time	Dates		Qualifications Achieved
		From	To	

**MEMBERSHIP OF PROFESSIONAL INSTITUTIONS**

Details, including any offices held:
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**RECENT JOB RELATED TRAINING**

Course Title	Organising Body	Dates and Duration

**ADDITIONAL SKILLS (E.G. LANGUAGES, COMPUTER SOFTWARE)**

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## PRESENT OR LAST EMPLOYMENT

Employer:

Job Title:

Address:

Date Appointed:

Date Left (if applicable):

Notice Required:

Present or last Salary:

Main duties and responsibilities:

Reason for seeking other employment:

## PREVIOUS EMPLOYMENT (most recent employment first)

*(Please include periods of voluntary and/or domestic experience. Any gaps must be accounted for. Please continue in the supporting information section if necessary).*

Job Title	Name & Address of Employer	Dates From	Dates to	Salary/ Grade	Reason for Leaving

## SUPPORTING INFORMATION

Give the reasons for your application, indicating how your experience, qualifications, personal qualities and interests meet the requirements of the job. Make sure you address each point on the Person Specification using specific examples and explain how you meet the requirement. The short-listing panel needs to understand how and why you consider yourself suitable for the job.  
(continue on a separate sheet if necessary and sign)

## OTHER INFORMATION

If you are related to any Elected Member or Employee of the Council, please state to whom and in what capacity:-

Do you have a full, current driving licence? YES  NO  If 'Yes' what kind? CAR  HGV  LGV   
Do you have the use of a car/motorcycle? YES  NO   
Do you require a work permit? YES  NO  If 'Yes' have you got a work permit? YES  NO

## HEALTH RECORD

Please state number of days you have been absent from work due to sickness in the past 12 months

No. Days  How many periods of absence does this represent?

Was this sickness related to a disability?

*(Please note candidates invited for interview will be required to complete a confidential Health Questionnaire)*

## REFERENCES

Give details of two referees, both of whom must be able to comment on your work/career background and one of whom must be your last employer. If you have not previously worked please give referees from your last educational establishment. If you have any difficulties in providing names of referees, please contact the Human Resources Unit for advice. **(Personal referees will not be considered.)**

Name

Name

Address

Address

Telephone No.

Telephone No.

e-mail address:

e-mail address:

Why chosen as referee:

Why chosen as referee:

May be contacted prior to interview YES  NO  May be contacted prior to interview YES  NO

If there are any dates when you are not available for interview, please indicate:-

## REHABILITATION OF OFFENDERS ACT 1974

The rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become "spent". During the rehabilitation period, convictions are referred to as "unspent" convictions and **must** be declared to employers.

Before you can be considered for appointment with the Council we need to be satisfied about your character and suitability. However, the Council undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

Have you any unspent criminal convictions or bind-overs, or any cautions, warnings or reprimands? YES  NO

If yes, please give details:

## DATA PROTECTION ACT 1998

Information provided by you on the Employment Application Form may be copied for use during the recruitment procedure. This information will be held for at least 6 months and then destroyed unless you are appointed, when both forms will be used as part of your personnel record. The information will also be held on computer software within the Human Resources Unit and as part of our Equal Opportunities monitoring process.

I confirm that the information I have given is to the best of my knowledge complete. I understand that any false statements may lead to rejection or, if employed, dismissal. I consent to the use of this information for recruitment purposes

Signed:

Date:

Agree  Disagree

**EXETER CITY COUNCIL****JOB APPLICATION – PERSONAL INFORMATION  
CONFIDENTIAL**

## Equal Opportunities Policy Statement

It is the policy of Exeter City Council to promote equality of opportunity in the fields of recruitment, training and promotion. All appointments of employment will be made with reference to the requirements of the post and will not be unfairly influenced by any other consideration such as ethnic origin, age, religion, gender, marital status, sexual orientation or disability.

The information in Part 1 of this form will not be used as part of the Interview Short-listing Process unless essential to the post. The information in Part 2 will never be used as part of the recruitment process.

**PART 1**

<b>JOB APPLIED FOR:</b>	<b>POST No:</b>
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**PERSONAL DETAILS**

Surname:	First Names
Preferred Title:	Date of Birth
Address:	Email address:
	Home Telephone No.:
	Work Telephone No.:
	Mobile Telephone No.:

**DISABILITY**

*You have a disability if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out day-to-day activities. Long term is defined as lasting at least 12 months.*

**DO YOU HAVE A DISABILITY?** Yes  No

If you answered yes, please give details:

HEARING IMPAIRMENT <input type="checkbox"/>	REDUCED PHYSICAL CAPACITY <input type="checkbox"/>
VISUAL IMPAIRMENT <input type="checkbox"/>	SEVERE DISFIGUREMENT <input type="checkbox"/>
SPEECH IMPAIRMENT <input type="checkbox"/>	LEARNING DIFFICULTIES/DISABILITIES <input type="checkbox"/>
MOBILITY IMPAIRMENT <input type="checkbox"/>	MENTAL ILLNESS <input type="checkbox"/>
PHYSICAL CO-ORDINATION DIFFICULTY <input type="checkbox"/>	
OTHER (Describe below):	

If you are disabled please indicate any requirements that we would need to address either for selection interview or, if you are appointed, for your work in the post:

WHERE DID YOU SEE THIS POST ADVERTISED?

**PART 2:** Providing the following information, which is for statistical purposes only and will not be available to the selection panel, will enable the Council to monitor the progress of the Equal Opportunities Policy.

(PLEASE TICK THE BOXES BELOW AS APPROPRIATE)

<b>1 SEX</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>2 WHAT IS YOUR AGE</b>						
16-18 <input type="checkbox"/>	19-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	OVER 65 <input type="checkbox"/>

<b>3 SEXUAL ORIENTATION</b> (Optional)			
Heterosexual <input type="checkbox"/>		Lesbian <input type="checkbox"/>	
Bisexual <input type="checkbox"/>		Gay Man <input type="checkbox"/>	

<b>4 HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?</b>			
WHITE - BRITISH <input type="checkbox"/>		OTHER WHITE <input type="checkbox"/>	
PAKISTANI <input type="checkbox"/>		OTHER MIXED <input type="checkbox"/>	
BLACK - AFRICAN <input type="checkbox"/>		OTHER ASIAN <input type="checkbox"/>	
CHINESE <input type="checkbox"/>		BANGLADESHI <input type="checkbox"/>	
INDIAN <input type="checkbox"/>		MIXED WHITE & BLACK CARIBBEAN <input type="checkbox"/>	
BLACK - CARIBBEAN <input type="checkbox"/>		MIXED WHITE & BLACK AFRICAN <input type="checkbox"/>	
OTHER - BLACK <input type="checkbox"/>		MIXED WHITE & ASIAN <input type="checkbox"/>	
OTHER ETHNIC GROUP <input type="checkbox"/>		(PLEASE DESCRIBE) .....	

<b>4 WHAT (IF ANY) IS YOUR RELIGION?</b> (Optional)			
BAHA'I <input type="checkbox"/>		MUSLIM <input type="checkbox"/>	
BUDDHIST <input type="checkbox"/>		RASTAFARIAN <input type="checkbox"/>	
CHINESE <input type="checkbox"/>		SIKH <input type="checkbox"/>	
CHRISTIAN <input type="checkbox"/>		ZOROASTRIAN (PARSEE) <input type="checkbox"/>	
HINDU <input type="checkbox"/>		JEWISH <input type="checkbox"/>	
JAIN <input type="checkbox"/>		OTHER <input type="checkbox"/>	
JAPANESE <input type="checkbox"/>			