

Application Form If you need a copy of this information in large print,

Braille, another language or on cassette, please ask us.

R3

Application for the Post of:				Job No:						
Candidate Ref No.										
		e applying for this po ur reference number		city of a r	edeplo	yee ple	ase			
Personal Inform	ation				Previou	is Nam	e(s): (if a	applicabl	le)	
Last Name:					101100			appricabl	,	
First Name(s):										
Home Address:										
Please specify alte correspondence ac a separate sheet.			Pos	code:						
E-mail address:										
National Insurar	nce No (If	you have one):	Γ							
Date of Birth:	,		L							1
Do you have a f driving licence?	ull current	Yes 🗌 No 🗌	Home Tel N	ephone umber:						
Do you have da vehicle?	ily use of a	a Yes 🗌 No 🗌	Work Tel N	ephone umber:						
Do you have an points on your li		Yes 🗌 No 🗌	Mobile Tel N	ephone umber:						
If so, how many	?									
Do you conside	r yourself	to have a disability?					Yes	s 🗌	No	
	ent which	imination Act define has a substantial a es")								
		ates an 'Interview G st. For further inform						y and w	vho me	et the
If you have a dis if you are called		e there any arranger ew?	ments which w	e can ma	ke for	you	Yes	s 🗌	No	
If yes, please ou	utline your	requirements:								
How did you find	d out abou	It this job?								
Are you applying	g on a Job	Share basis?	Yes 🗌	No						
If so, please sta	te the prop	portion of full-time yo	ou are willing to	work:						

Present (or Most Recent) Employment			
Employer's name, a	address and telephone i	number:	
Date Started:		Title of Post:	
Present or final grad	de/salary:		
Specify any addition	nal benefits/payments y	'ou receive:	
Notice Required:		Date of Leaving (if applicable):	
Reason for leaving	(if applicable):		
Please provide a br	ief description of duties	s of the post (continue on a separate	sheet if necessary):
Have you ever beer	n subject to Disciplinary	/ Proceedings? Yes 🗌 No	
If yes, please indica	ate the outcome:		

Previous Employment

Beginning with the most recent, all periods since leaving full-time education should be accounted for e.g. unemployment, voluntary work, raising a family or any part-time work undertaken whilst in education. (Continue on a separate sheet if necessary).

Job Title	Employer's Name, Address & Telephone Number	Date From	Date To	Salary	Duties and Achievements	Reason for Leaving

Education/Training			
School/College/University /Training Provider	Dates Attended	Subject(s) or Course/Training Event Title (including exams passed/still to be taken and grades where applicable).	Office use only. Certificates checked
		graded more approacte).	
			R3: 1.05 (15/02/10)

Name of Professional	Professional Qualifications/	By Award or	Office use only.
Association	Membership and Date Obtained	By Award or Examination	Office use only. Certificates checked

Additional Information

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

References

School/University Acade employer. Please include	applicable to your present job, or most recent employer, or a member of the emic Staff. Please state in what capacity the two referees are acting, e.g. current e name, address, telephone number and e-mail address if known. If you have recently please ensure you include a Head Teacher/College/University Principal (or their rep) as
1st Referee's Name and Address:	
Telephone No:	Capacity:
E-Mail Address:	
2nd Referee's Name and Address:	
Telephone No:	Capacity:
E-Mail Address:	
Please note that should sought as part of the pre	you be made a conditional offer of employment with the Authority, references will be -employment process.
Asylum and Immigration	on Act 1996
	s will be required to provide original material evidence of their Eligibility to Work in the e accompanying Guidance Notes please confirm that you are able to provide the
	Yes 🗌 No 🗌
Rehabilitation of Offen	
	n the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). All nutions and bind overs must be declared regardless of when they occurred. This ad in confidence.
Do you have a prosecut any offence?	ion pending or have you ever been convicted at a court or cautioned by the Police for
	Yes No
If yes, please give date(s	s) of conviction/caution(s) and brief details:

Staffordshire County Council aims to promote equality of opportunity for all with the right mix of talent, skills, and potential and we welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purposes only when relevant.

For Posts working with Children or Vulnerable Adults

The Authority is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

It is Personnel policy to check applicant details against Staffordshire Social Service Client and Personnel Records.

Please refer to the accompanying Guidance Notes for further information relating to this process.

Declarations

To your knowledge are you related to anyone elected to or employed by Staffordshire County Council?

Yes 🗌 No

If 'Yes', please state their name and position held:

The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information, including sickness absence, you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.

I declare that all the information I have provided is true, that I have not canvassed a member/officer of the Council, directly or indirectly, in connection with this application and further, that I will not do so. I understand that such canvassing will disqualify me as a candidate. I further understand that failure to disclose any relationship with a member/officer of the Council or providing information which is untrue or omitting information relevant to the application, will also disqualify me and that if such failure/untrue information is discovered after appointment I may be liable to dismissal without notice. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed:

Date:



Please remember to complete and return the recruitment monitoring form.

