



Job Application Form

Corporate Equality Policy

The Council is an equal opportunities employer and is committed to the principles and practices of equal opportunities in its services and activities as a local government authority.

All vacant posts are filled through a competitive recruitment process. This process is monitored to ensure that there are no discriminatory practices.

The Council seeks to promote employment opportunities for the community as a whole and to identify areas where positive action may be taken to encourage the recruitment of any under-represented areas of the community. The Council will work with appropriate organisations and agencies in order to support such activity.

The Council has achieved the Disability 'Two Ticks' Symbol status, which means there is an undertaking to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.



If you would like a copy of this document in a different format such as Braille, audio or large print, or in another language please call 01843 577165

Job Application Form



| | |
|------------|--------------------------------------|
| Job Title: | Application No: (Office use only) |
| | |

Section 1 – Your Personal Details

| | | |
|--------------|----------|--------|
| Forename(s): | Surname: | Title: |
| | | |

| | |
|---------------|------------------------|
| Home Address: | Home telephone number: |
| | |

| | |
|------------------------|-----------------------------|
| Work Telephone Number: | May we contact you at work? |
| | YES/NO |

| | |
|--------------------------|-----------------------------|
| Mobile Telephone Number: | May we contact you by text? |
| | YES/NO |

| | |
|----------------|------------------------------|
| Email Address: | May we contact you by email? |
| | YES/NO |

| | |
|--|--------|
| Do you require a work permit to be employed within the UK? | YES/NO |
|--|--------|

| | |
|--|---|
| Please specify your National Insurance number? | <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"/> |
|--|---|

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|---|
| Where did you see the advertisement for this job? |
| |

| | |
|------------|--------------------------------------|
| Job Title: | Application No: (Office use only) |
| | |

Section 2 – Your Education and Training

(Please continue on a separate sheet if required)

| Educational Establishment | Dates From / To | Subjects Studied | Qualification / Level acquired |
|---------------------------|--------------------|------------------|-----------------------------------|
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| | | | |
| | | | |

Details of other experience or training which may be relevant to this job:

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Are you a member of a professional association? If yes, please give details:

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For Office Use ONLY:

| | | | |
|-----------------|-------------------|--------|---------------------|
| Application No: | SHORTLISTED | YES/NO | APPOINTED YES/NO |
| | DATE OF INTERVIEW | | |
| | TIME OF INTERVIEW | | |

Section 3 – Your Employment Record

Details of your present or most recent employer:

| | | |
|------------------------------|-----------------------------|--|
| Employer's name and address: | Post held: | |
| | Start date: | |
| | Leave date (if applicable): | |
| | Reason for leaving: | |
| | | |
| Nature of business: | Salary: | |
| | Period of notice: | |

Summary of job responsibilities

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Details of other employment (most recent first)

Please continue on an additional sheet if necessary

| Employer's name and address | Dates From / To | Position held and summary of responsibilities | Reason(s) for leaving and final salary |
|-----------------------------|--------------------|---|--|
| | | | |
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Section 4 – Your Relevant Skills and Experience

Please explain why you think you are a suitable candidate for this post and how you satisfy the criteria on the person specification, drawing on your personal and work experiences, education, training and personal interests.

Please do not attach a CV as you should address the criteria on the person specification.

Section 5 – Miscellaneous

Are you related to any employee or Member of the Council, if so please give details:

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Do you hold a full driving licence?

Do you have any current driving endorsements?

If yes, please give details:

YES / NO

YES / NO

How many days and periods of absence have you had due to sickness over the past 12 months?

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Have you ever been convicted of a criminal offence?

YES/NO

If yes, please give details. You need not include any convictions which are “spent” under the Rehabilitation of Offenders Act, 1974, **unless** the post for which you are applying has substantial access to children, or vulnerable adults, and a Criminal Records Disclosure is to be requested.

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What is your preference for interview? (Please tick box)

Morning (9am – 12pm)

Afternoon (1pm – 5pm)

No preference

Please list any dates you are unavailable to attend interview: e.g. due to holidays

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Section 6 – Your References

Please provide contact details of two referees. One should be your present or your most recent employer

Name:

Name:

Position in organisation or relationship to you:

Position in organisation or relationship to you:

Address:

Address:

Telephone No:

Telephone No:

Email address:

Email address:

May we contact your referee prior to interview?
(Please delete as appropriate) YES/NO

May we contact your referee prior to interview?
(Please delete as appropriate) YES/NO

Section 7 – Declaration

I certify that I have personally completed this application form and that the information given is correct. I understand that giving false or misleading statements or withholding information may result in disciplinary action including dismissal from the Council or withdrawal of an offer of employment. I understand that canvassing of Councillors or employees of the Council would disqualify me from the appointment.

SIGNED:

DATE:

Please return your application form and monitoring form to:

Human Resources, Thanet District Council, PO Box 9, Cecil Street, Margate, Kent CT9 1XZ or by email to personnel@thanet.gov.uk

CONFIDENTIAL

Equal Opportunities Recruitment Monitoring



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|--|
| Application No: (Office use only) |
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Thanet District Council is committed to equal opportunities in employment and operates an equal opportunities policy to ensure that all appointments are made on merit. To help the Council monitor the effectiveness of this policy and to identify applicants who qualify for a guaranteed interview under the Council's Disability Symbol commitment, please complete and return this form with your completed application. This information will be separated from your application form as soon as it is received and will be used only for statistical monitoring and not as part of the interview selection process.

Forename(s)

Surname:

Post applied for:

Date of Birth:

Age: [Please tick appropriate box]

| | | | | | |
|-------|-------|-------|-------|-------|--------|
| 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-65+ |
| | | | | | |

Disability

The Disability Discrimination Act (DDA) 1995 defines disability as a physical or mental impairment with long-term substantial effects on ability to carry out normal day-to-day activities and protects disabled people from unlawful discrimination. If you tell us that you have a disability we will make reasonable adjustments to your working environment and to your work arrangements and practices, if it reasonable to do so.

Do you consider yourself to have a disability? YES / NO

Which of the following does your illness or disability affect? [Please tick appropriate boxes - this list is not meant to be exclusive and is given as a guide only; it is provided as it may help you to answer this question.]

Your hearing, or vision
 [if you wear glasses or contact lenses this is not usually considered to be a disability]

Your co-ordination, dexterity or mobility
 [eg, polio, spinal cord injury, back problems, repetitive strain injury]

Your mental health
 [eg, schizophrenia, depression, severe phobias]

Your speech
 [eg, stammering]

Your learning ability

[eg, dyslexia]

Other physical or mental conditions

[eg, diabetes, epilepsy, arthritis, cardiovascular conditions, asthma, cancer]

What do you consider to be the level of disability? [Please tick appropriate box]

Minor

Moderate

Severe

Please describe your access needs:

Gender:

Please indicate the gender which best describes you:

Male

Female

What is your ethnic group?

[Please tick appropriate box – note: these categories relate to ethnic origin and not nationality]

White: British

Mixed: White & Asian

White: Irish

Mixed: Other

White: Other

Asian or Asian British: Indian

Black or Black British: Caribbean

Asian or Asian British: Pakistani

Black or Black British: African

Asian or Asian British: Bangladeshi

Black or Black British: Other

Asian or Asian British: Other

Mixed: White & Black Caribbean

Chinese

Mixed: White & Black African

Other ethnic group

Religion/Belief

Please indicate your religion/belief:

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Other

Decline to state

Sexual Orientation

How would you describe your sexual orientation:

Bisexual

Gay

Heterosexual

Lesbian

Decline to state

Declaration

I certify that I have personally completed this application form and that the information given is correct. I understand that giving false or misleading statements or withholding information may result in disciplinary action including dismissal from the Council or withdrawal of an offer of employment.

SIGNED:

DATE: