

Application for Employment

CONFIDENTIAL

Please refer to guidance notes before completing this form.

If you need a translation, a larger print version or a copy of this form in another format, please contact Human Resources on (01865) 252848.

The * symbol indicates fields that must be completed.

www.oxford.gov.uk



Post details			
Post applied for	*	Reference No.	*

Personal details	
Title (Mr, Mrs, etc.)	* First Name *
Middle name (s)	
Surname (family name)	*
Name known as	
All previous surnames	
National Insurance number	

Address details	
Address line 1	*
Address line 2	
Town	*
County	Postcode *
Home phone	Area code number
Work phone	Area code number
Mobile phone	
Email address	

Current job (or training)	
Current job (or course details if currently a student)	
Employer's name and address (or school/ college/ university)	
Current salary	
Date started (month/ year)	Notice period required

Previous employment

Please give details of all **other jobs** you have held, including part-time and voluntary work, starting with the most recent. If you need to add further jobs, please put these in the *Relevant Skills and Experience* section. Please give a brief explanation for any gaps in employment in the *Relevant Skills and Experience* section.

Job title	Employer's name	Date started (month/ year)	Date left (month/ year)	Reason for leaving

Qualifications

Please list any qualifications you have gained or are undertaking (eg GCSEs, NVQs, A-levels, degree). If you are shortlisted for interview you will be required to produce original certificates (or other documentary proof of qualifications) where these are specified as a requirement of the post.

If you need to add further qualifications, please put these in the *Relevant Skills and Experience* section.

Name of qualification	Subjects and grades	School/ College/ University attended

Name of professional body	Level of membership

Training

Please list any training you have undertaken which is relevant to the post for which you are applying. If you need to add further items, please put these in the *Relevant Skills and Experience* section.

Name of course	Date completed (month/ year)

Driving Licence

Do you hold a full valid driving licence? *Yes No
Please list any current licence endorsements:

Job sharing

In general, all full-time posts can be job shared and applicants will be considered on the same basis as those wishing to work full-time. (Not applicable to part time posts)
Do you want to job share? *Yes No

Other details

Is anyone in your household or family an employee or Elected Member of Oxford City Council?
*Yes No
If you have answered "Yes" to the question above, state their name and your relationship to them:

Do you need a work permit to take up this post?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "Yes" to the question above, please provide details	
When would you be available to start work?	
Where did you learn about this vacancy?	

Relevant skills and experience

Please give details of any experience and skills that you feel are relevant to the post and particularly to the **Qualifications and Experience, Technical Knowledge/Skills and Behavioural Skills** listed for the post.

Describe your duties in your present job if appropriate, and details of experience and skills gained in previous jobs and any other areas such as temporary work, voluntary work, studies or spare-time activities. Please be specific and give examples wherever possible – these can be drawn from any aspect of your life.

The information you give will be used in the shortlisting process.

If completing this form electronically, it is your responsibility to insert any attachments here as separate document attachments will not be forwarded to recruiting managers. If completing the form by hard copy, please attach any further pages, if necessary ensuring they are clearly numbered.

Please use this text field to describe your relevant skills and experience...

References		
Referees must not be related to you and must include your present or most recent employer (or head teacher if you are a school leaver).		
Referees:	Referee 1	Referee 2
Title	*	*
First name	*	*
Surname (family name)	*	*
Position or relationship to you	*	*
Address	*	*
Postcode		
Telephone (inc. area code)		
Email address		
If you are shortlisted may we contact this referee before your interview?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	* Yes <input type="checkbox"/> No <input type="checkbox"/>

(form continues below/overleaf)

Declaration			
<p>If you are filling this form in on-line you cannot sign this form on screen. By submitting this form as an email attachment you undertake that the information you have provided is true and accurate to the best of your knowledge. False declarations may result in dismissal. You may be required to sign your application at a later stage of the selection process.</p> <p>The information I have given on this form is true and accurate to the best of my knowledge.</p>			
Signed		Date	

The information in the following sections will not be forwarded to the selection panel and will be used solely by Human Resources for the processing of your application, unless special arrangements need to be made to accommodate a disability.

Information for candidates with a disability

The Council welcomes applications from all parts of the community, including candidates with disabilities. The Equalities Act 2010 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.”

Arrangements if selected for interview

If you have a disability, please indicate any specific arrangements to be made for an interview:

Criminal convictions

It is the Council’s policy that you declare any **unspent convictions** when you are applying for a job with us. As a local authority providing public services, we have a duty to balance our commitment to help ex-offenders find work with our need to protect the public and those who are using its services. The Council’s policy states clearly that only relevant convictions are taken into account. Please refer to the ‘Information for Job Applicants’ documentation on our website or sent with your application form.

If the post you are applying for is exempt under the terms of the Rehabilitation of Offenders Act 1974, you are also required to state **spent convictions**. Please refer to the job description to see if this is the case and supply information below if necessary.

If your application is successful and you did not disclose any unspent convictions, or spent convictions if the post is exempt from the Rehabilitation of Offenders Act 1974, it could result in dismissal or disciplinary action being taken against you. Any information you give us will be completely confidential and will be considered only in relation to the job for which you are applying.

Have you any unspent convictions to declare?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any spent convictions to declare? (Only applicable if post is exempt under the terms of the Rehabilitation of Offenders Act 1974 and Criminal Record Bureau/Independent Safeguarding Authority clearance is required. Please check job description)	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please give details of the conviction	Date

Any additional information you wish to add

Equal opportunities monitoring form

Oxford City Council is an equal opportunity employer and is committed to promoting equality and social inclusion and has been accredited as a Two Ticks employer.

Equality of opportunity means more than disregarding differences such as gender, race, disability, religious or political belief, sexuality, age, nationality, pregnancy, membership or non-membership of a trade union, gender reassignment, or HIV status. It means ensuring proactively that different people receive services, consultation and employment opportunities in a fair and equal way.

To help the Council monitor the effectiveness of its Corporate Equality Scheme, you are asked to reply to the following questions on the monitoring form.

The monitoring form will be separated from your application form and will not form part of the short-listing process.

The information provided will be held securely on the City Council's personnel information systems in accordance with the principles of the Data Protection Act 1998 for obtaining and processing "sensitive" personal data and will not be published on an individual basis.

Gender monitoring information – to which gender group do you belong?

Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Age monitoring information – to which age group do you belong?

16-19 20-29 30-39 40-49 50-59 60-64 65+
Prefer not to say

Disability monitoring information – do you consider yourself to have a disability?

No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Yes	<input type="checkbox"/>		

What do we mean by a disability?

The definition of a disability according to the Equality Act 2010, is "A physical or mental impairment which has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities". (Long term in this definition is taken to mean more than 12 months.) This definition also includes long term illness such as cancer, HIV and mental health.

Examples of disabilities

The following list of conditions or impairments is given as guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question.

Hearing (deaf, partially deaf or hard of hearing)

Learning difficulties (e.g. dyslexia)

Long term illness (such as cancer, HIV, multiple sclerosis, asthma, angina or diabetes)

Mental illness (substantial and lasting more than a year, severe depression, psychoses)

Mobility (wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis etc.)

Physical co-ordination (manual dexterity, muscular control, eg. Cerebral palsy)

Reduced Physical Capacity (inability to lift, carry or otherwise move every day objects, debilitating pain and lack of strength, breath, energy or stamina.)

Speech (speech impairments that can cause communication problems)

Vision (blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)

Ethnic monitoring information – our ethnic group describes how we think of ourselves			
Ethnic background is not necessarily the same as nationality or country of birth. Please tick which is closest to how you see yourself, or write a more specific group if you wish.			
Asian or Asian British			
Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other Asian background (please specify if you wish)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>		
Black or Black British			
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background	<input type="checkbox"/>	(please specify if you wish)	
Mixed/ Multiple Ethnic groups			
White & Asian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Any other mixed/Multiple Ethnic background (please specify if you wish)	<input type="checkbox"/>
White			
English/ Welsh/ Scottish/ Northern Irish/ British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	(please specify if you wish)	
Other Ethnic Groups			
Any other ethnic group	<input type="checkbox"/>	(please specify if you wish)	
Prefer not to say	<input type="checkbox"/>		
Religion/Belief monitoring information - Please tick a box from the list below			
Atheist/none	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
		Christian	<input type="checkbox"/>
		Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
		Sikh	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>
Other	<input type="checkbox"/>	(please specify if you wish)	
Sexual Orientation monitoring information – Please tick a box from the list below			
Bi-sexual	<input type="checkbox"/>	Heterosexual/straight	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

End of form