

Job Application Form

Warwickshire County Council (Local Recruitment)

Warwickshire County Council runs online recruitment campaigns and the preferred method of application is online at www.warwickshire.gov.uk. However, where a candidate cannot use our online application system, this form should be used to apply. As an employer we are committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic origin, nationality, sexuality, gender identity, marital status, religion, trade union activity or age.

This form contains important information which will be used to assess your application for the role and also to then confirm your employment and personal details and so you **MUST** ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role. This form **MUST** be submitted prior to the closing date of the position being applied for and should not be provided electronically through a route that is not secure e.g. personal email. **This form is available in other formats on request.**

Vacancy Details

Position Title			
Service Area			
Ref. Number			

Your Details

Forename(s)			
Surname(s)		Title (e.g. Mr, Mrs)	
Preferred Name (if applicable)			
Previous Surname (if applicable)			
Employee Number (if appropriate)			
National Insurance Number			

Advertisement Details

How did you first hear about the job you are applying for?

Contact Details

Please provide your contact details. These will be used for correspondence through the recruitment campaign.

Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address*			
*if provided this will be used for future correspondence.			
If you wish to provide a second address, please do so on a separate sheet and provide an explanation e.g. term-time only, and tick here if you do so			<input type="checkbox"/>

Employment History

Please provide details of your employment history, starting with your most recent / current employer and working back. **Only the last three employers required.**

Date From	Date To	Employer Name and Address	Job Title & Main Duties (Please state Full or Part Time)	Reason for Leaving

Reference Details

Please give details of two referees, one of which must be your current or most recent employer. References will not be accepted from relatives or friends and no appointment will be confirmed without first taking up references. Where the role is involved with vulnerable adults or children, references will be sought prior to interview.

Referee 1 - Current / Most Recent Employer or Educational Establishment

Forename(s)			
Surname		Title (e.g. Mr, Mrs)	
Job Title			
Organisation			
Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address			
Can we seek this reference without further consent from you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referee 2 – Employment, Education or Character

Forename(s)			
Surname		Title (e.g. Mr, Mrs)	
Relationship			
Job Title			
Organisation			
Address			
Town / City		Post Code	
Home Tel. Number		Mobile Tel. Number	
E-mail Address			
Can we seek this reference without further consent from you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disability Requirements

We positively encourage applications from disabled people who have the necessary skills and experience for the post. For disabled people who are able to show they meet the essential requirements for the job, we are pleased to guarantee an interview. If you have a disability, please outline below any reasonable adjustments you require to attend for an interview and/or to help you in this job.

Do you require reasonable adjustments for your interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please specify below			

Criminal Convictions

Please provide information relating to any criminal convictions you may have had in the past that are not spent.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details below.		
<div style="border: 1px solid black; height: 100px;"></div>		
Please note: if you are applying for a post which requires a CRB check all convictions remain unspent and you must declare them.		

Application Questions

Provide any additional information or comments you wish to bring to the attention of the selection panel. In this section you must ensure you demonstrate fully how you meet each of the criteria set out in the person specification of the post you are applying for including any experience, skills and abilities that you have gained, both in work and outside paid work such as voluntary / community work. You may find it helpful to address each of the criteria in turn.

Are you prepared to work in all weather conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to demonstrate good community spirit? Please give an example below;		

Do you have the ability to work without supervision?

Please give an example below;

Declarations

With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes only. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed.

Signature		Date	
-----------	--	------	--

Equality Details Form

For Employees in Education

This form provides information used to ensure your equality details are accurate and ensuring contact can be made as and when required. Personal details are required again as this form will be removed from your application prior to interview. As a result, this information is not viewed by your manager or colleagues but is used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

Personal Details

Forename(s)			
Surname(s)		Title (e.g. Mr, Mrs)	
Employee Number (if appropriate)			
National Insurance Number			

Age Range

<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65+
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	------------------------------

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	
-------------------------------	---------------------------------	--

Sexual Orientation

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Gay / Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
--	--	-----------------------------------	--

Religion and Beliefs

Please select one religion or belief that is most suitable;					
<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"/> No Religion		<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Other*	
*Please specify here					

Ethnic Origin

White	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other*
	<input type="checkbox"/> White Gypsy or Irish Traveller		
Mixed	<input type="checkbox"/> White & Black Caribbean		<input type="checkbox"/> White & Black African
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Mixed Ethnic Group*	
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian or Asian British*	

Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other Black or Black British*
Other Ethnic Groups	<input type="checkbox"/> Arab	<input type="checkbox"/> Any Other Ethnic Group*	
	<input type="checkbox"/> Prefer not to say		
*Please specify here			

Disability

The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Taking this into account do you consider yourself to have a disability? Yes ☐ No ☐

If you have answered yes, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you.

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Difficulties
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Long standing illness or heart condition
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Physical Coordination Difficulties	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Reduced Physical Capacity	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment (not corrected by spectacles)
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> None
<input type="checkbox"/> Other (please specify here)	

Please note: if you have a disability that may have an effect upon your work, your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that any appropriate measures can be identified that would ensure the health & safety of you, your work colleagues or members of the public while you are at work.

Declaration

I confirm that the information provided is accurate and complete, and understand that it is a disciplinary offence to knowingly give false information.

Signature		Date	
-----------	--	------	--