

For Office Use Only:

Application for Employment



(for posts where CRB disclosure is required). Please read the "Guidance Notes for Applicants" leaflet before you fill in this application form.

Post Ref. Number:

Post Title:

Personal details

Last Name:

Former Names (if any):

First Name/s:

Email Address:

Address:

National Insurance Number:

or Proof of Right to Work in the UK:

Postcode:

Telephone: (please tick preferred contact details)

Home:

Work:

Mobile:

Do you consider yourself to be disabled?

Yes

No

General Social Care Council (GSCC) Registration No (if applicable):

If you are already a Barnsley MBC employee, are you 'at risk'?

Yes

No

Please tell us if there are any dates when you will not be available for interview:

Do you want to be considered for Job Share?

Yes

No

Employment

Please tell us about your present employment or last job if you are currently unemployed.

Job Title:

Please describe in brief your duties and responsibilities (and key achievements where relevant)

Employer:

Employer's Address:

Post Code:

Date Employment Started: Date Employment Ended:

(if applicable)

Reason for Leaving: (if applicable)

Wage/Salary:

Notice Required: (if applicable)

We welcome applications from everyone regardless of age, race, colour, sex, marital status, religion or belief, ethnic origin, nationality, disability, gender preference or sexual orientation.

It is the Council's policy to interview disabled candidates who meet all the essential criteria. Reasonable adjustments will be made to facilitate disabilities.

Please remember to include any specific projects or areas of responsibility that you have held or are holding.

FOR OFFICE USE ONLY

Applicant

SL

Not SL

Code

Candidate

Appointed

Not Appointed

Code

Previous Employers

Please tell us about all your previous employment (paid and unpaid).

Note: if you are applying for a post in residential care, the Council may approach all previous employers whether or not you have given them as referees.

Name and Address of Employer:

Main Duties/Responsibilities:

Job Title:

From:

To:

Reason for Leaving:

Name and Address of Employer:

Main Duties/Responsibilities:

Job Title:

From:

To:

Reason for Leaving:

Name and Address of Employer:

Main Duties/Responsibilities:

Job Title:

From:

To:

Reason for Leaving:

Have you had any breaks in your employment? Yes No

If 'Yes', please give details:

Attendance

The Council's Managing Attendance Policy recognises that the attendance of employees at work is vital if the Council is to offer an effective, quality service to its customers. Applicants whose attendance record does not meet the Council's standards will be excluded from pre-selection unless either (1) absences are linked to a disability or long standing medical condition; or (2) the reason for the absence is extremely unlikely to recur. Please therefore list your absences from work due to sickness for the last two years.

Dates:	Number of days:	State whether you believe (1) or (2) above, applies and give brief details.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Starting with the most recent, please list all previous employers in chronological order since leaving secondary school. Continue on a separate sheet if necessary.

If you do use extra pages for your previous employment, please:

1. Tick the box below and follow the same format as this application form.

2. Remember to put your name on the top of each page and number the pages.

As a minimum, would you fill in your name, date of birth and the post applied for; the remainder of this section is optional.

The shortlisting/ interviewing panel will not see this information.

Any data provided on this form will be held securely under the terms of the Data Protection Act.

There is a definition of disability in the "Guidance Notes for Applicants" leaflet

For Office Use Only:

Equality Monitoring

We are committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. Please help us by completing this form.

Post Ref. Number:

Post Title:

Name:

Date of Birth:

Are you currently employed by Barnsley MBC?

Yes No

For ethnicity, choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. If you tick an "Other" box, please specify as shown.

Ethnicity

A White

British
English
Scottish
Welsh
Irish
Other White*

B Mixed

White and Black Caribbean
White and Black African
White and Asian
Other Mixed*

Prefer not to say

C Asian or Asian British

Indian
Pakistani
Bangladeshi
Other Asian*

D Black or Black British

Caribbean
African
Other Black*

E Chinese, Chinese British, or Other Ethnic Group

Chinese
Any Other Background*

*If 'Other' please specify

Religion

Christian (including all Christian denominations) Buddhist Hindu
Muslim Sikh Jewish None Other*

Prefer not to say

*If 'Other' please specify

Gender

Male Female

Prefer not to say

Disabled

Do you consider yourself to be disabled?

Yes No

Prefer not to say

Age Group

16 – 17 18 – 19 20 – 24 25 – 29 30 – 34 35 – 39
40 – 44 45 – 49 50 – 54 55 – 59 60 – 64 65+

Thank you for your help

For Office Use Only (tick as appropriate)

Candidate Shortlisted:

Yes No

Candidate Appointed:

Yes No

Information supporting your application for this post

By using clear, identifiable examples, please demonstrate how you meet the criteria indicated on the Employee Specification. Please read the "Guidance Notes for Applicants" leaflet supplied.

Experience:

If you use extra
pages for
supporting your
application,
please:

1. Tick the box
below and follow
the same format
as this
application form.

2. Remember to
put your name on
the top of each
page and number
the pages.

General and Special Knowledge:

Skills and Abilities:

Additional Factors:

Please do not send in a C.V.

If you use extra pages for qualifications/training or membership of professional bodies, please:

1. Tick the box below and follow the same format as this application form.



2. Remember to put your name on the top of each page and number the pages.

Please supply details of two referees (three in the case of posts in residential care).

One of the two referees must be your present or last employer, if previously employed.

Please note that we do not accept references from relatives or from people writing solely in the capacity of friends.

Qualifications/Training

Please show that you have the required qualifications/training for the job. Where relevant state the awarding body and date of award. **Note:** you will be required to provide original certificates if invited for interview.

Membership of Professional Bodies (if applicable)

Professional Body:	Registration No:	Type of Membership:	Renewal Date:
<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"/>	<input type="text"/>	<input type="text"/>

References

Name:

Job Title:

Address:

Postcode:

Relationship: e.g. Line Manager

Telephone Number: (inc STD code)

Email Address:

Name:

Job Title:

Address:

Postcode:

Relationship:

Telephone Number: (inc STD code)

Email Address:

Can we contact your referees before your interview?

Referee 1: Yes No

Referee 2: Yes No

If you are applying for a post in residential care, you are required to supply a third reference on a separate sheet.

Data Protection Act 1998

The information you have provided on this application form will be processed by computer. This data will also be used to produce statistics for equality and diversity, and recruitment monitoring.

Canvassing will disqualify

Are you related to any Councillor or employee of the Council? If you are applying for a job in a school, are you related to a Governor, Head Teacher or Teacher at that school? Yes No

Please give details:

Name:

Relationship: Position:

I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information, or directly or indirectly canvassed a Councillor, an Officer of the Council, a School Governor, Headteacher or Teacher in support of my application, I may be disqualified from consideration for the post or face disciplinary action after appointment.

Signed: X Date: X

Disclosure of Criminal Background of those with Access to Vulnerable Groups

Last Name:

First Name:

Former Names (if any):

Post applied for:

Post Reference Number:

You have applied for a post that is an exempt position under the provisions of the Rehabilitation of Offenders Act 1974. Therefore the statement that "after a certain period of time, convictions need not be disclosed and those convictions be treated as if they never took place" **does not apply.**

You must therefore, declare any pending prosecutions, any convictions, cautions or bind-overs which you have had at any time. The information will be treated as confidential and will only apply to this particular vacancy. **It is essential that you complete and sign this form.**

If you do not have any convictions, cautions, or bind-overs, then please write "None" across the boxes.

If the post you have applied for also has:

"regular contact with" or

"cares for",

"trains",

"supervises" or

"is in sole charge of children or vulnerable adults",

then you will be required to apply for a Disclosure of Criminal conviction and/or record to the Criminal Records Bureau should your application be successful and before an appointment is confirmed. Having a criminal record will not necessarily bar you from employment. Each case will be judged on its own merits.

Date:

Details of Convictions, Cautions or Bind-overs:

Penalty:

Are there any matters pending?

Yes

No

Are you disqualified from working with children or vulnerable adults?

Yes

No

Are you subject to sanctions from a regulatory body? (e.g. GSCC/GTC)

Yes

No

Are you on List 99/POCA list/POVA list?

Yes

No

If you answered "Yes" to any of the above, please give details below:

Declaration

I declare that the particulars given are correct and that I have not withheld any facts which might unfavourably affect my application. I am aware that to withhold or falsify information could result in my application being rejected, dismissal or disciplinary action, or possible referral to the police.

Signed:

Date:

Failure to disclose information concerning previous convictions may lead to dismissal or disciplinary action by the Authority.

If necessary, please use a separate sheet of paper to give full details and place them in a sealed envelope marked 'confidential'.

If you use extra pages for details of convictions, cautions or bind-overs tick the box below and follow the same format as this application form.