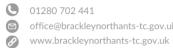


Employment Application

Please complete **ALL** sections of the form

Job title applied for:	Post Reference:
Closing date:	
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1. Personal details	
Name:	
Address:	
/A / 32-40 /	Post Code:
Telephone Numbers: - Daytime	
- Evening	
- Mobile	
Email address:	
2. Present or Most Recent Employer / Emp	
Name:	Period From:
Address:	Period To:
	Name of Supervisor:
	Telephone Number:
	Basic salary:
Post Code:	Notice period:
Nature of business:	
Position held & nature of responsibilities:	
Reason for leaving:	







3. Previous employment (in date order, starting with most recent)

Please state all employment and account for any gaps.

Failure to do so may result in your application not being considered – particularly if you are applying for

Job Title; Name of Employer and Type of Business:	From	То	Brief summary of duties and reason for leaving (if applicable):
/ / / W	(state mo	onth & year)	
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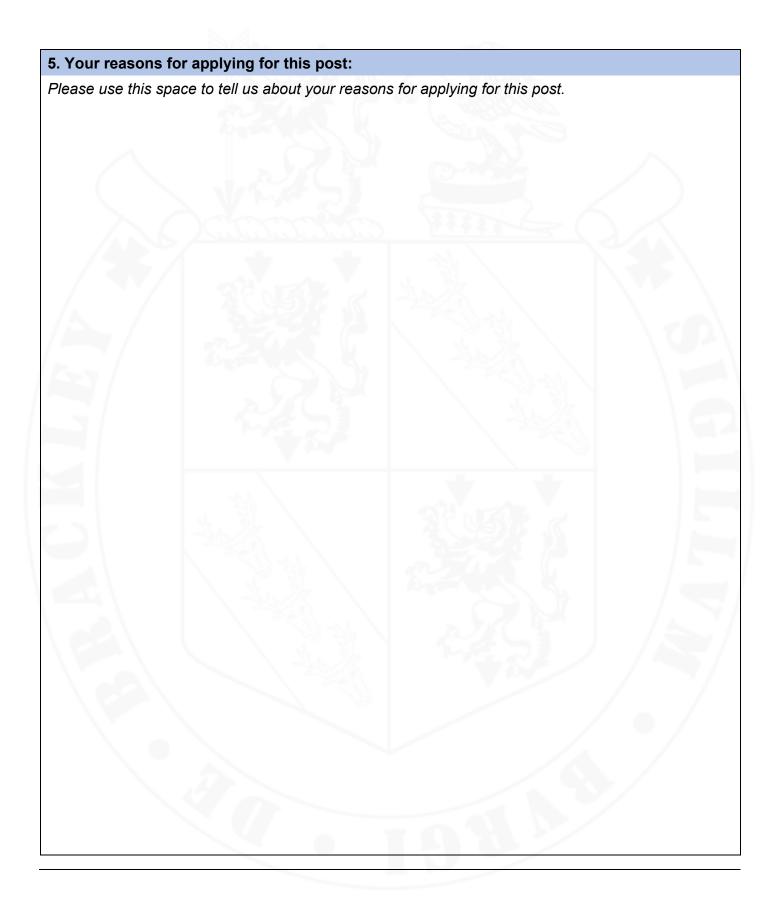
4. Essential and desirable criteria – see the appropriate person specification The job specification gives details of the **essential** and **desirable** attributes of our ideal candidate. Please use this opportunity to state clearly how you meet <u>each</u> of the criteria set out in the employee specification.















6. Reference details	
Please give the names and addresses of two people concerning your application. One of the referees m	
Name:	Name:
Address:	Address:
	THE STATE OF THE S
Post Code:	Post Code:
Daytime contact number:	Daytime contact number:
Email:	Email
Is this person your present or Yes No previous employer?	Is this person your present
If you answered 'no' to the above question, in what capacity does the referee know you?	If you answered 'no' to the above question, in what capacity does the referee know you?
References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.	References will normally be taken up prior to interview. Please indicate if your referee can be contacted at this stage.
☐ Yes ☐ No	☐ Yes ☐ No



7. Relationship	to existing council	employees or councillors	
Council or employed Councillors or o	loyee of the Council, p	to any Brackley Town Councillor, member of a committee of to blease give their name and relationship. Any approach to luence a selection decision will disqualify you. This does not a reference.	he
8. Education			
Please tell us a	bout your education, b	peginning with the most recent.	1
Date From	Date To	Name of School, College or University	







9. Educational and professional qualifications

You must complete this section if some kind of educational attainment is stated as an essential or desirable attribute on the employee specification. You may include relevant training courses and membership of professional bodies.

Type of Qualification & Level e.g. GCSE 'O' level	Full Title of Subject Taken & Title of Examining Board	Grade or Mark
N A W		
A / 3		
3/		







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10. Driving or car ownership status		
If the job for which you are applying requires you to diplease answer the following questions.	rive or carries an E	Essential Car User allowance
Are you a vehicle owner?	☐ Yes	□ No
Do you hold a full clean current licence?	Yes	□ No
If No, please give details of any penalties or endorsem	ents.	
Control of the contro		
Please state any other type of licence you hold (e.g. H	GV)	
		W / Y/
11. Rehabilitation of Offenders		
Have you been convicted of a criminal offence which is <u>not</u> Act 1974?	spent under the Re	habilitation of Offenders
☐ Yes ☐ No		
If YES please provide details		
	11 (1)	



12. Right to Work in the UK (Asylum & Immigration Act 1996)

You will be required to produce original documents to prove your eligibility at the interview/assessment stage and bring photocopies of them. Please don't forget to bring them with you, otherwise we will not be able to progress your application any further.

13. Special Requirements
Do you have any special requirements if you were invited to interview/assessment?
If YES please provide further details







12. Declaration					
The details given by me automatically disqualify employment may be ter declaration also covers	my application. minated for with!	l also understar nolding relevant	nd that my application details or giving fal	on may be rejecte	ed or my
Signature:			Date:		
be treated as a sign	oleted application Clerk, Brackley To	form to:	Il name in the space		
EO Interview	Yes	☐ No		VIII.	
Shortlist	Yes	☐ No			
Reference one	Requested	Returned			
Reference two	Requested	Returned			
Medical check	Requested	Returned			
DBS check	Standard	Enhanced	Requested	Returned	



Equality and diversity monitoring form

BRACKLEY TOWN COUNCIL wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The Council needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only those staff with Human Resources responsibilities.

Please return the completed form with your application to: Mark Stopps, Brackley Town Council, 20 High Street, Brackley, Northants NN13 7DS

Are you marri	d or in a civil partnership? Yes \square No \square Prefer not to say \square
Age 16-24 □ □ 55-59 □	$25-29 \ \square$ $30-34 \ \square$ $35-39 \ \square$ $40-44 \ \square$ $45-49 \ \square$ $50-54$ $60-64 \ \square$ $65+ \ \square$ Prefer not to say \square
Ethnic origin is	hnicity? ot about nationality, place of birth or citizenship. It is about the grove you belong. Please tick the appropriate box
Ethnic origin is which you perco	ot about nationality, place of birth or citizenship. It is about the gro
Ethnic origin is which you perco White	ot about nationality, place of birth or citizenship. It is about the gro
which you perco White English \square Wi	ot about nationality, place of birth or citizenship. It is about the grove you belong. Please tick the appropriate box
Ethnic origin is which you perco White English	ot about nationality, place of birth or citizenship. It is about the grove you belong. Please tick the appropriate box $ \Box \Box \Box \Box \Box \Box $ shouthern Irish $ \Box \Box \Box \Box \Box $



	British
	akistani \square Bangladeshi \square Chinese \square Prefer not to say \square in background, please write in:
Black/ Africa	n/ Caribbean/ Black British
African 🗆 🛚 C	aribbean \square Prefer not to say \square
Any other Blac	k/African/Caribbean background, please write in:
Other ethnic	group
	fer not to say \square Any other ethnic group, please write in:
Do you consi	der yourself to have a disability or health condition?
Yes □ No □	☐ Prefer not to say ☐
A/I :	
	fect or impact of your disability or health condition on your ability to give ork? Please write in here:
	in in this form is for monitoring purposes only. If you believe you need a
reasonable ad	justment', then please discuss this with your manager, or the manager
running the re	cruitment process if you are a job applicant.
-	current working pattern?
-	current working pattern? Part-time □ Prefer not to say □
-	
Full-time 🗌	Part-time ☐ Prefer not to say ☐
Full-time What is your	Part-time Prefer not to say flexible working arrangement?
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What is your None Flei Annualised hor Homeworking Do you have None Prin	Part-time Prefer not to say flexible working arrangement? xi-time Staggered hours Term-time hours urs Job-share Flexible shifts Compressed hours Prefer not to say If other, please write in: caring responsibilities? If yes, please tick all that apply mary carer of a child/children (under 18)
What is your None Flex Annualised how Homeworking Do you have None Prin	flexible working arrangement? xi-time Staggered hours Term-time hours urs Job-share Flexible shifts Compressed hours Prefer not to say If other, please write in: caring responsibilities? If yes, please tick all that apply mary carer of a child/children (under 18) of disabled child/children
What is your None Fle: Annualised hold Homeworking Do you have None Prir Primary carer Primary carer	flexible working arrangement? xi-time Staggered hours Term-time hours urs Job-share Flexible shifts Compressed hours Prefer not to say If other, please write in: caring responsibilities? If yes, please tick all that apply mary carer of a child/children (under 18) of disabled child/children of disabled adult (18 and over) Primary carer of older person
What is your None Flei Annualised hor Homeworking Do you have None Prin Primary carer Primary carer Secondary care	flexible working arrangement? xi-time Staggered hours Term-time hours urs Job-share Flexible shifts Compressed hours Prefer not to say If other, please write in: caring responsibilities? If yes, please tick all that apply mary carer of a child/children (under 18) of disabled child/children of disabled adult (18 and over) Primary carer of older person er (another person carries out the main caring role)
What is your None Flex Annualised how Homeworking Do you have None Pring Primary carer Primary carer Secondary care Prefer not to s	flexible working arrangement? xi-time Staggered hours Term-time hours urs Job-share Flexible shifts Compressed hours Prefer not to say If other, please write in: caring responsibilities? If yes, please tick all that apply mary carer of a child/children (under 18) of disabled child/children of disabled adult (18 and over) Primary carer of older person er (another person carries out the main caring role)

