

		FOR TDC REFERENCE ONLY (APP. NO.):
If you need assistance completing this form, please contact Human Resources & Customer Services on (01255) 686333, Minicom (01255) 475566. Email: humanresources@tendringdc.gov.uk	2	PART 2: INTERVIEW PANEL
Please return your completed application form to Tendring District Council, Human Resources & Customer Services, Town Hall, Station Road, Clacton on Sea, Essex CO15 1SE.		

APPLICATION FORM

FULL NAME	
POST APPLIED FOR	POST NO.
SERVICE	

CURRENT OR MOST RECENT EMPLOYMENT

POST TITLE		START DATE
SALARY & BENEFITS	REASON FOR LEAVING	LEAVING DATE
EMPLOYER'S NAME & ADDRESS		
NOTICE PERIOD		
DESCRIBE THE MAIN DUTIES & RESPONSIBILITIES IN YOUR PRESENT/MOST RECENT POSITION		

GENERAL EXPERIENCE

EXPERIENCE/SUITABILITY/INTERESTS

PLEASE OUTLINE YOUR EXPERIENCE, SUITABILITY AND INTEREST IN THIS POSITION

Shortlisting and selection will be based on the requirements set out in the person specification. Please address these requirements in your application, drawing on experience at work or in a voluntary capacity. Please continue on ONE additional sheet if required.

WORK HISTORY

Please note, gaps in employment history must be justified. Please continue on ONE additional sheet if required.

PREVIOUS EMPLOYMENT (exclude current or most recent)

EMPLOYER'S NAME & ADDRESS

JOB TITLE	START DATE	LEAVING DATE
BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING		

EMPLOYER'S NAME & ADDRESS

JOB TITLE	START DATE	LEAVING DATE
BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING		

EMPLOYER'S NAME & ADDRESS

JOB TITLE	START DATE	LEAVING DATE
BRIEF DESCRIPTION OF MAIN DUTIES AND REASON FOR LEAVING		

EDUCATION & TRAINING

EDUCATION (Secondary, Further/Higher)			
SCHOOLS, COLLEGES, UNIVERSITIES OR INSTITUTES OF FURTHER EDUCATION ATTENDED	DATES (MONTH/YEAR)		QUALIFICATIONS GAINED, INCLUDING SUBJECTS, GRADES OR RESULTS EXPECTED
	FROM	TO	

PROFESSIONAL QUALIFICATIONS
DETAILS OF ANY PROFESSIONAL QUALIFICATIONS AND/OR MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS
<p>The Council will request evidence of your qualifications before making an appointment</p>

SUPPLEMENTARY INFORMATION

DO YOU HAVE A CURRENT DRIVING LICENCE?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE THE USE OF A CAR?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

ASYLUM & IMMIGRATION ACT
IT WILL BE A CONDITION PRIOR TO EMPLOYMENT THAT EVIDENCE REGARDING ELIGIBILITY TO WORK IN THE UNITED KINGDOM IS PROVIDED. THIS EVIDENCE COULD INCLUDE A BIRTH CERTIFICATE, P45, PAY SLIP, P60, NATIONAL INSURANCE CARD OR AN APPROPRIATELY ENDORSED PASSPORT.

DECLARATION OF FITNESS
SUCCESSFUL APPLICANTS WILL BE REQUIRED TO COMPLETE A CONFIDENTIAL DECLARATION OF FITNESS FORM IN CONNECTION WITH ENTRY TO THE SERVICE OF THE COUNCIL, AND TO DETERMINE ELIGIBILITY TO THE PENSION SCHEME.

REFERENCES

PLEASE GIVE DETAILS OF TWO REFEREES YOU HAVE WORKED FOR, ONE OF WHICH MUST BE YOUR CURRENT/MOST RECENT EMPLOYER, AND COVERING AT LEAST YOUR LAST SIX YEARS EMPLOYMENT HISTORY.

NAME OF ORGANISATION	NAME OF ORGANISATION
NAME OF REFEREE	NAME OF REFEREE
JOB TITLE	JOB TITLE
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TELEPHONE	TELEPHONE
E-MAIL	E-MAIL
CAN WE CONTACT PRIOR TO INTERVIEWS? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN WE CONTACT PRIOR TO INTERVIEWS? <input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT CANDIDATE INFORMATION

NOTES FOR CANDIDATES

- 1) WE WILL INFORM CANDIDATES IF THEIR APPLICATION HAS BEEN SUCCESSFUL AS SOON AS PRACTICABLE. UNSUCCESSFUL APPLICATIONS WILL NOT NORMALLY BE ACKNOWLEDGED.
- 2) A NO SMOKING POLICY APPLIES TO COUNCIL OFFICES/VEHICLES.
- 3) YOU WILL BE NOTIFIED SEPARATELY IF DISCLOSURE INFORMATION IS TO BE SOUGHT FROM THE CRIMINAL RECORDS BUREAU.

Tendring District Council	FOR TDC REFERENCE ONLY (APP. NO.):	
	1	PART 1: CONFIDENTIAL
If you need assistance completing this form, please contact Human Resources & Customer Services on (01255) 686308, Minicom (01255) 475566. Email: humanresources@tendringdc.gov.uk		
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APPLICATION FORM

POST APPLIED FOR	POST NO.
SERVICE	

PERSONAL DETAILS & DECLARATION

PERSONAL DETAILS

SURNAME	TITLE
FIRST NAME(S)	DATE OF BIRTH
HOME ADDRESS	
DAYTIME TELEPHONE NO.	EVENING TELEPHONE NO.
MOBILE TELEPHONE NO.	E-MAIL ADDRESS

MAY WE CONTACT YOU AT WORK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE ANY OTHER PAID EMPLOYMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, PLEASE GIVE DETAILS OF TYPE OF WORK & AVERAGE HOURS WORKED		

DECLARATION

I hereby declare* that to the best of my knowledge, I am not a spouse, partner, child or relative of an existing Independent Member, Councillor or employee of the Council, nor do I have a close personal or business relationship with any such person.

*If you are unable to make the declaration, you should state in the space below any relationship of the nature referred to.

I certify that the information provided in parts 1, 2 and 3 of this application form are correct and agree that it should form part of the basis of my engagement. I authorise Tendring District Council to check the information I have supplied. I understand that falsification of qualification or information may lead to withdrawal of any offer of employment and/or dismissal without notice.

DATA PROTECTION ACT 1998

The information you have provided on this form will be used to inform the recruitment process. It will be held securely and used in connection with matters associated with employment with Tendring District Council.

All or part of the information provided may be disclosed or supplied to external organisations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority and to the Council's external auditors for the following purposes;

- The prevention of crime;
- The apprehension or prosecution of offenders;
- The assessment or collection of any tax or duty in any case where failure to disclose would be likely to prejudice any of those matters;
- Data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.

All or part of the information you have provided may also be used by other services of the Council for purposes connected with the collection of Council debts or to assist in other statutory functions such as Environmental Health or Planning.

DECLARATION

I am aware that the Council will create and maintain computer and paper records on me and that these will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes detailed above, both internally within the Council and to external bodies.

SIGNED

DATE

IF YOU ARE INVITED TO INTERVIEW YOU WILL BE ASKED TO SIGN THIS FORM.

Canvassing of employees or other members of the Council or any Committee of the Council directly or indirectly for any appointment under the Council shall disqualify the candidate concerned for that appointment.

		FOR TDC REFERENCE ONLY (APP. NO.):	
If you need assistance completing this form, please contact Human Resources & Customer Services on (01255) 686308, Minicom (01255) 475566. Email: humanresources@tendringdc.gov.uk		3	PART 3: CONFIDENTIAL
Please return your completed application form to Tendring District Council, Human Resources & Customer Services, Town Hall, Station Road, Clacton on Sea, Essex CO15 1SE.			

APPLICATION FORM

<p>DATA PROTECTION ACT 1998 Monitoring of ethnic origin, race, sex or disability by the Council is a necessary element of an established programme for the promotion of equality of opportunity and the elimination of discrimination or where it is otherwise needed because of some special feature of a particular job.</p> <p>All or part of the statistical information provided may be disclosed or supplied to relevant Committees of the Council and to external organisations or bodies such as the Audit Commission, Local Government Departments for statistical information purposes and/or Best Value performance indicators.</p> <p>The data collected for monitoring purposes is aggregated, and subject to strictly controlled access procedures.</p> <p>“THE COUNCIL IS COMMITTED TO EQUALITY OF OPPORTUNITY AND WELCOMES APPLICANTS FROM ALL SECTIONS OF THE COMMUNITY”</p>	FULL NAME					
	POST APPLIED FOR					
	SERVICE					
	MONITORING INFORMATION					
	PLEASE TICK THE APPROPRIATE BOXES					
	1	YOUR GENDER IS	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	2	YOUR AGE GROUP IS	<input type="checkbox"/> 16-29	<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-65	<input type="checkbox"/> 65+
	3	DO YOU CONSIDER YOURSELF DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No (please indicate any special assistance that you may require if selected for interview)				
	4	ETHNIC ORIGIN (please tick only one of the boxes below): WHITE BRITISH <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other If Other White Background, please specify MIXED <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Other Mixed Background If Other Mixed Background, please specify ASIAN OR ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background If Other Asian Background, please specify BLACK OR BLACK BRITISH <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black Background If Other Black Background, please specify CHINESE OR OTHER ETHNIC GROUP <input type="checkbox"/> Chinese Any other background, please specify				
	5	HOW DID YOU HEAR ABOUT THIS VACANCY? <input type="checkbox"/> Newspaper <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> Internal <input type="checkbox"/> Internet If you ticked Newspaper, please state name				

REHABILITATION OF OFFENDERS ACT

PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE A CRIMINAL CONVICTION WHICH IS NOT CONSIDERED AS SPENT UNDER THE REHABILITATION OF OFFENDERS ACT.

Disclosure of a conviction does not automatically exclude applicants from consideration. The offence will be taken into account if it is considered to be one which would make you unsuitable for the type of work to be done. Tendring District Council welcomes applications from ex-offenders as part of its equal opportunities policy. Many of our posts, for example those concerned with working directly with young people or handling considerable sums of money, involve work where an ex-offender might be in potentially vulnerable position unless consideration of the person's background has been made from the outset. For this reason we ask you to give details of any criminal conviction which is not considered as spent under the Rehabilitation of Offenders Act 1974 (as amended). The information you provide will be treated as strictly confidential and will be considered only in relation to the job you are applying.

NATURE OF OFFENCE(S)	DATE SENTENCED PASSED
SENTENCE(S) OR ORDER(S) GIVEN BY THE COURT	
NAME AND ADDRESS OF COURT	

PREVENTION OF FRAUD

PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A POST WITHIN BENEFITS, INTERNAL AUDIT, FRAUD INVESTIGATION OR HOUSING.

When applying for a position within one of the above areas, you are required to disclose any conviction or disciplinary action relating to theft/fraud. Disclosure of a conviction does not automatically exclude applicants from consideration. The offence will only be taken into account if it is considered to be one which would make you unsuitable for the type of work to be done. The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.

ARE YOU CURRENTLY RECEIVING HOUSING BENEFIT OR COUNCIL TAX BENEFIT?

Yes No

ARE YOU A LANDLORD OR AGENT?

Yes No

ARE ANY OF YOUR RELATIVES /CLOSE FRIENDS, TO THE BEST OF YOUR KNOWLEDGE, CURRENTLY IN RECEIPT OF ANY BENEFIT FROM THIS AUTHORITY?

Yes No

DO YOU SHARE A HOUSE WITH ANYONE WHO RECEIVES BENEFIT OR ACTS AS A LANDLORD OR AGENT?

Yes No

HAVE YOU EVER BEEN FOUND GUILTY OF FRAUD/THEFT?

Yes No

HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION AS A RESULT OF BENEFIT FRAUD OR

SUSPECTED FRAUD/THEFT?

Yes No

Any changes to the above should be immediately reported to Human Resources & Customer Services. Please note that any false statement when making this declaration, or failure to promptly report changes, will be grounds for dismissal.

I declare that the information contained on this declaration is correct

SIGNATURE

DATE

IF YOU ARE INVITED TO INTERVIEW YOU WILL BE ASKED TO SIGN THIS FORM.

Please complete all 3 parts of the Application Form and email to humanresources@tendringdc.gov.uk.