A logo of a town

Description automatically generated

Application for Employment

Private and Confidential

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| Return this form to: |  | Reference Number: |
| HR@pontypoolcc.gov.uk |  | DC01 – April 2024 |
| Position Applied for: |  |  |
| Deputy Clerk |  |  |

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| Personal Details | | |
| Name | Title: |  |
| Forename(s): |  |
| Surname: |  |
| Contact Information | Address: |  |
| Post Code: |  |
| Email: |  |
| Tel No. (Home): |  |
| Tel No. (Mobile) |  |
| N.I Number: |  |

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| Current Driving Licence | | | | | | |
|  | Yes: |  | No: | |  |  |
| Groups: | | |  | | |
| Expiry Date: | | |  | | |
|  | Details of Endorsement(s): | | |  | | |

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| Welsh Language Skills (please tick appropriate box) | | | | | | | | | | | | | | | | | | |
| Are you a Welsh Speaker? | Yes, fluent: | |  | | | Yes, not fluent: | | | | |  | | Not Welsh Speaker: | | | |  |  |
| Can you Read/Write Welsh? | Read Welsh: | | |  | | | Write in Welsh: | | | | |  | |  | | | | |
| Read/Write Welsh: | | | | | | |  | Cannot Read/Write Welsh: | | | | | |  |  | | |
| Preferred language for Correspondence: | English: |  | | | Welsh: | | | |  |  | | | | | | | | |

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| Are there any restrictions on you taking up Employment in the UK? | | | | | | |
|  | Yes: |  | No: |  | |  |
| If Yes, Please Provide Details: | | | |  | |

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| Education (please complete in full and use a separate sheet if necessary) | | |
|  | Schools/College/University Names | Qualifications Gained |
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| Employment History (please complete in full and use a separate sheet if necessary) | | |
| Last/Current Employment | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Reason for Leaving: |  |
| Notice Period: |  |
| Previous Employment #2 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Reason for Leaving: |  |
| Previous Employment #3 | Name of Employer: |  |
| Address: |  |
| Dates of Employment: |  |
| Job Title: |  |
| Duties: |  |
| Reason for Leaving: |  |

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| Current Membership of Professional bodies (i.e. CIPD) | |
|  | Please note any professional bodies you are a member or registered with: |
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| Other Employment | |
|  | Please note any other employment that you would continue with if you were to be successful in obtaining the position: |
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| Leisure | |
|  | Please note here your pastimes, leisure interests, sports and hobbies, etc.: |
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| Disability and Health | |
| Do you consider yourself to have a long term physical or mental disability or health condition? Yes/No  If yes, how can we support you? |
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| Reference (please note here two persons from whom we may obtain both character and work experience references one of which must be your last employer) | | | | | | | |
| Reference #1 | Title: | |  | | | | |
| Forename(s): | |  | | | | |
| Surname: | |  | | | | |
| Address: | |  | | | | |
| Post Code: | |  | | | | |
| Contact No. | |  | | | | |
| Position Held | |  | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |
| Reference #2 | Title: |  | | | | | |
| Forename(s): |  | | | | | |
| Surname: |  | | | | | |
| Address: |  | | | | | |
| Post Code: |  | | | | | |
| Contact No. |  | | | | | |
| Position Held |  | | | | | |
| May we approach the above prior to interview? | | | Yes |  | No |  |

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| General Comments |
| Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). Word count 500 max. |
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| **Criminal Record** |
| The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website. Please note any criminal convictions except those 'spent', or otherwise ‘protected’, under the Rehabilitation of Offenders Act 1974. If you have none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service. |
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| Data Protection |
| 1. We are aware of our obligations under data protection legislation, including the obligation to collect only the data that is required for our specific purpose. The information collected in this application form is specific to our recruitment exercise and necessary for the performance of the role that you have applied for. If you are recruited for the role you have applied for, or any other role you are offered by us, the information provided will then be used for the purposes of your employment with us, together with further information collected upon recruitment for those purposes. 2. We will treat all personal information about you with utmost integrity and confidentiality. Our data protection policy sets out our approach to ensuring that your data is processed in line with the data protection principles within current data protection legislation. 3. Our privacy notice for job applicants gives you information on, amongst other things, the data we will hold about you during the recruitment exercise and what we use it for. You can view the privacy notice on our website. |
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| Declaration (please read this carefully before signing this application) | | | |
| 1. I confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. 3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. | | | |
| Signed: |  | Date: |  |