



APPLICATION FOR EMPLOYMENT WITH SOMERSET COUNTY COUNCIL

Before completing, please ensure you have read the guidance notes in the application pack or on our website. You may use additional sheets if you need to.

| Please return this form to address given in Advertisement or Application Pack | |
|--|--|
| Application for the post of | |
| Service Area | |
| Job Reference Number | |
| Closing Date | |
| How did you hear about this job? (Name of publication if advertised) | |

Part A: Personal Details (Block capitals please)

| | |
|--|--|
| Family Name / Surname | |
| Previous Name(s) | |
| Forename(s) | |
| Known Name: (If different from Forename) | |
| Preferred Title (Eg. Mr, Mrs, Miss, Ms, Dr) | |
| Current Address (Please include Postcode) | |
| National Insurance Number | |
| Preferred Contact Telephone Number | |
| Alternative Telephone Number (If available) | |
| Email Address (If preferred method of communication & in regular use) | |
| Date of Birth (See note* below) | |

*Date of birth need only be disclosed if the post involves working with children or vulnerable adults. Please see notes in "our recruitment process" for further information.

Part B: Present (or most recent) Employer

| | | | |
|--|--|--|--|
| Name and Address of Employer | | | |
| Job Title | | | |
| Start Date | | Notice required or date left | |
| Salary | | If part-time, please give hours per week | |
| Please give details of your main tasks and responsibilities – and, if applicable, your reason for leaving: | | | |
| | | | |
| Please explain why you are applying for this post at this time: | | | |
| | | | |

Part C: Employment History (most recent first)

Please give as much relevant information as possible. For posts working with children and vulnerable adults you must give your **full** employment history from when you left school/higher education and explain any gaps in your employment and include dates. Please include any time spent employed as a volunteer.

| Name & Address of Employer | Dates From/To (MM/YY) | Job Role | Final Salary and Reason for Leaving |
|----------------------------|-----------------------|----------|-------------------------------------|
| | | | |

Part D: Academic, Professional and Vocational Qualifications

| Exams Passed (Level) Qualifications & Memberships (Most Recent First) | Grade and Date Achieved* | Name of Educational Establishment and/or Professional or Awarding Body |
|---|--------------------------|--|
| | | |

*For posts working with children/vulnerable adults you must provide all dates.

Part E: Training/Continuing Professional Development

| Please give details of relevant training/development activities. | | |
|--|------------|---|
| Training Course and Organiser or Development Activity | Time spent | Outcome - Grade Achieved (Where applicable) |
| | | |

Part F: Personal Statement

You may continue on a separate sheet if you need to.

Key Competencies, Knowledge and Skills: Referring to the person specification, provide examples of how you have demonstrated the key competencies and the knowledge and skill requirements for this role. You may use experience gained from within and/or outside the workplace to provide these examples. (We recommend that you use the different headings on the person specification as a starting point.)

Personal Attributes: Please describe ways in which you have demonstrated the personal attributes required for this post, as outlined in the person specification.

Part G: Supplementary Information

| | |
|--|--|
| Personal Transport: For posts which involve travel away from normal place of work: | |
| Are you willing and able to travel to meet the requirements of the post? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please provide details of any current motoring convictions, disqualifications or penalty points, with dates and reasons and/or any difficulties you foresee concerning travel: | |
| | |
| Positive About Disability: We welcome applications from people with disabilities. Wherever possible we will make reasonable adjustments to enable a person with a disability to access the application and appointment process fairly. | |
| Do you consider yourself to have a disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "yes" and you are offered an interview, would you welcome a pre-interview discussion to identify any particular needs that you may have? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disclosure of Criminal Offences: The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent' | |
| Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17 years, that are not 'spent': | |
| | |
| If the information sent to you highlights that the post requires a Disclosure Certificate, the Rehabilitation of Offenders Act does not apply in this case. Therefore, please give details, including dates and places, of any 'spent' convictions, cautions and bind-overs. Please also detail if you are on List 99, the PoCA List, disqualified from working with children or vulnerable adults or subject to sanctions imposed by a regulatory body such as the General Teaching Council or General Social Care Council: | |
| | |

PART H: REFERENCES AND DECLARATIONS

References: Please provide the names of two professional referees, both of whom can write with authority about your performance, abilities and competence in a work, voluntary or educational environment. The first reference must be your manager or a senior manager representing your current or most recent employer. References will not be accepted from colleagues, relations or people who know you solely as a friend. If you do not wish your current employer to be contacted prior to interview please tick the box below ***unless** you are applying for a post working with children, in which case, do not tick the box since **all** references will be requested before interview.

If you are applying for a post working with children or vulnerable adults

Your first referee must be a manager representing your current/most recent employer. If this post has not involved working with children or vulnerable adults but a previous post has, that previous employer must be given as your second referee. This applies even if you have done other work in between.

Name of first referee Please see * above if the post involves working with children. If you need to discuss this, contact the recruitment team on 01823 356209.

Job Title of Referee

Name of organisation

Address (Including Postcode)

Email address if available

Daytime telephone number

Relationship to you (eg supervisor, tutor)

Dates of your employment

From: / To: /

Name of second referee

Job Title of Referee

Name of organisation

Address (Including Postcode)

Email address if available

Daytime telephone number

Relationship to you

Dates of your employment

From: / To: /

Declaration of Interest: Please note that canvassing support of Members or Senior Officers of Somerset County Council can lead to disqualification of your application.

Do you have family or close relationships with any individuals involved in an aspect of the recruitment process or with any Elected Member or Senior Officer of Somerset County Council?
Yes No

If yes, give name:

Position:

Relationship:

DATA PROTECTION ACT 1998

Information from this application may be processed for any purposes registered by Somerset County Council under data protection legislation. The information that you supply in your application is confidential; however, it will be disclosed to those persons authorised to see it and be used for selection purposes. The information from successful candidates will be retained on the personnel file for payroll and administrative purposes; information held about unsuccessful applicants is destroyed after one year. This information may be disclosed to Government Departments where there is a legal obligation to do so. All individuals have the right to access their own personal data held by the County Council.

Declaration

- I confirm that I am entitled to live and work in the United Kingdom.
- I am willing for this data to be held and processed by Somerset County Council and to be verified with relevant third parties. This may include previous employers.
- The information on this form is accurate. I understand that providing false information is an offence and may lead to my application being disallowed or, should I be appointed, to my dismissal and, where appropriate, may be referred to the police.

| | | | |
|--------|--|------|--|
| Signed | | Date | |
|--------|--|------|--|

If you apply online and are shortlisted, you will be asked to sign your application at interview.

To be completed by existing SCC employees only

If you are applying for this post on a secondment basis you should have a discussion with your manager about your personal development and the benefits that a secondment would provide. Your manager is required to authorise the secondment application. This means that your manager agrees to release you from your substantive post for the duration of the secondment.

The Secondment Guidelines and some Frequently Asked Questions can be viewed at <http://enterprise.somerset.gov.uk/HR> (only accessible when connected to the SCC network). You are advised to read them before proceeding with your application to ensure a full understanding of the Council's approach to secondments.

Once you are happy that you have read and understood the Guidelines please complete the information below

| | | |
|---|------------------------------|-----------------------------|
| I have discussed this secondment opportunity with my manager, who is willing to authorise my application. I understand that a reference will automatically be sought from my manager. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| | | | |
|-----------------------|--|------|--|
| Line Managers details | | | |
| Name | | | |
| Job Title | | | |
| Phone Number | | | |
| E-mail address | | | |
| Signed | | Date | |

Confidential

Equal Opportunities-Recruitment Monitoring

This form will be kept separate from your application form. It is not referred to during the selection process.

Somerset County Council values diversity and is committed to promoting equality of opportunity for our employees and job applicants.

We monitor our recruitment and selection practices to fulfil our statutory duty relevant to equality in employment and to ensure our practices are fair, equitable and consistent with the aim of appointing the best person for the job. Recruitment monitoring enables us to take active steps to promote better policy and organisational practice.

The information you supply on this questionnaire will be recorded confidentially on our HR Systems and held for a maximum of 12 months. During this time it will be used solely for the purposes of monitoring the profile of our job applicants. Access to the data will be restricted to nominated staff within the HR Service.

If you are appointed, the data will also be used for our HR/Payroll records purposes, which includes another legal requirement, workforce monitoring. We aim to ensure all applicants and employees, regardless of circumstances or status, receive equal access to opportunity and fair treatment.

For these reasons it is important that you complete the recruitment monitoring questionnaire in addition to the application form. Once completed, the questionnaire should be returned with your application to the Recruitment Administrator, the address of which is detailed in the Recruitment Information Pack.

Thank you for your co-operation.

EQUAL OPPORTUNITIES – RECRUITMENT MONITORING

This information will be treated in the strictest confidence

| | | | | | |
|--|--|--|--|--|--|
| Post Applied for | | Reference No: | | | |
| Name: | | What is your date of birth? | | | |
| Are you? Please tick one of the appropriate boxes against each the questions below | | | | | |
| Gender | | 1. <input type="checkbox"/> Female | | 2. <input type="checkbox"/> Male | |
| | | 3. <input type="checkbox"/> Prefer not to say | | | |
| Sexual Orientation | | 1. <input type="checkbox"/> Bisexual | | 2. <input type="checkbox"/> Gay /Lesbian | |
| | | 3. <input type="checkbox"/> Heterosexual | | 4. <input type="checkbox"/> Prefer not to say | |
| Transgender | | 1. <input type="checkbox"/> Yes | | 2. <input type="checkbox"/> No | |
| | | 3. <input type="checkbox"/> Prefer not to say | | | |
| How would you describe your ethnic origin? | | | | | |
| a) White | | Z. <input type="checkbox"/> English/Welsh/Scottish/North Irish/British | | K. <input type="checkbox"/> Gypsy or Irish Traveller | |
| | | D. <input type="checkbox"/> Irish | | Q. <input type="checkbox"/> Any other White Background | |
| b) Mixed/Multiple Ethnic | | H. <input type="checkbox"/> White and Black Caribbean | | I. <input type="checkbox"/> White and Black African | |
| | | J. <input type="checkbox"/> White and Asian | | S. <input type="checkbox"/> Any other mixed background | |
| c) Asian or Asian British | | E. <input type="checkbox"/> Indian | | X. <input type="checkbox"/> Pakistani | |
| | | G. <input type="checkbox"/> Bangladeshi | | Y. <input type="checkbox"/> Any other Asian background | |
| | | P. <input type="checkbox"/> Chinese | | | |
| d) Black/African /Caribbean/ Black British | | T. <input type="checkbox"/> Caribbean | | V. <input type="checkbox"/> African | |
| | | R. <input type="checkbox"/> Any other black background | | | |
| e) Other ethnic group | | A. <input type="checkbox"/> Arab | | B. <input type="checkbox"/> Any other group | |
| f) Prefer not to say <input type="checkbox"/> | | | | | |
| Do you consider yourself to have a disability or impairment? Under the Equalities Act 2010, a person with a disability is defined as having a physical or mental impairment which has a substantial, long term effect on their ability to carry out normal day to day activities. Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, please indicate the nature of your disability. | | | | | |
| <input type="checkbox"/> Physical Impairment | | <input type="checkbox"/> Mental Impairment | | <input type="checkbox"/> Mobility Impairment | |
| <input type="checkbox"/> Visual Impairment | | <input type="checkbox"/> Hearing Impairment | | <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> More than one Impairment | | <input type="checkbox"/> Other | | <input type="checkbox"/> Prefer not to say | |
| Which Religious Group do you belong to? | | | | | |
| 0 <input type="checkbox"/> Buddhist | | 1 <input type="checkbox"/> Christian | | 2 <input type="checkbox"/> Hindu | |
| | | 3 <input type="checkbox"/> Jewish | | 4 <input type="checkbox"/> Muslim | |
| 8 <input type="checkbox"/> Sikh | | 5 <input type="checkbox"/> No Religion | | 6 <input type="checkbox"/> Any other religion | |
| | | 7 <input type="checkbox"/> Prefer not to say | | | |



| | | |
|---|-------------------------------------|--|
| Are you currently employed by SCC? | | |
| Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please answer the questions below in respect of your main contract. If SCC does not currently employ you, there are no further questions for you to complete. | | |
| Is your main contract? | | |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Fixed Term | <input type="checkbox"/> Casual / Relief |
| Which Service Area do you currently work in? | | |
| | | |
| Is the position you are applying for a promotion / grade increase | | |
| Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

**Thank you for your cooperation.
Please return the completed questionnaire with your application form.**