

POST APPLYING FOR : ASSISTANT TOWN CLERK

## BEVERLEY TOWN COUNCIL

INITIALS:	<input type="text"/>	SURNAME:	<input type="text"/>
<i>For the purpose of equality, please only disclose details requested :</i>			
HOME ADDRESS:	<input type="text"/>		
POST CODE:	<input type="text"/>		
NATIONAL INSURANCE NUMBER :	<input type="text"/>		
HOME TEL NO:	<input type="text"/>		
MOBILE TEL NO:	<input type="text"/>		
WORK TEL NO:	<input type="text"/>		
May we contact you on your work number? (X)	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
E MAIL :	<input type="text"/>		

### EDUCATION (Please continue on a separate sheet if necessary)

NAME OF SECONDARY SCHOOL, COLLEGE OR UNIVERSITY	QUALIFICATION GAINED OR PENDING	GRADE OBTAINED	YEAR OBTAINED

### PROFESSIONAL BODY MEMBERSHIP

DATE OBTAINED	PROFESSIONAL/TECHNICAL BODY	MEMBERSHIP NUMBER	GRADE/LEVEL

## PERSONAL DEVELOPMENT

Please include any relevant training, self development, Continuous Professional Development etc

COLLEGE/ORGANISATION	COURSE TITLE/DETAILS	DATES

## PRESENT EMPLOYMENT (Please give details of present or most recent employment):

EMPLOYER'S NAME :			
ADDRESS :			
POST CODE:			
JOB TITLE :		START DATE :	
CURRENT SALARY :		NOTICE REQUIRED :	

CURRENT DUTIES :	
REASON FOR LEAVING ? :	

**PREVIOUS EMPLOYMENT** (Please give details of relevant employment):

<u>DATES</u>		<u>EMPLOYER -ORGANISATION</u>	<u>JOB TITLE</u>	<u>REASON FOR LEAVING</u>
<u>FROM</u>	<u>TO</u>			
dd/mm/yy	dd/mm/yy			

Please continue on a separate sheet if necessary

**FURTHER INFORMATION.** Please give below any further information which may support your application (e.g. previous experience, anything you have achieved in or out of work, what influenced you to apply for this job, career plans etc).

**Please continue on a separate sheet if necessary**

**MEDICAL HISTORY** (Please give details including duration of any periods of illness over the last two years).

How many **periods** of absence have you had through ill-health in the last two years of employment?

In this period, how many days in total have you been absent from work through ill-health?

*Please circle*    0-3 days    4-10 days    11-20 days    21-29 days    30+days

Please give brief details.....

**REFERENCES** (Please give details of two referees whom we may ask about your suitability for this employment. One of these should be your present or most recent employer. Young people not previously employed should give one school and one personal referee).

(i) NAME :	<input type="text"/>	(ii) NAME :	<input type="text"/>
JOB TITLE :	<input type="text"/>	JOB TITLE :	<input type="text"/>
ADDRESS :	<input type="text"/>	ADDRESS :	<input type="text"/>
TEL NO :	<input type="text"/>	TEL NO :	<input type="text"/>
FAX NO :	<input type="text"/>	FAX NO :	<input type="text"/>
E-mail :	<input type="text"/>	E-mail :	<input type="text"/>

May referees be contacted without further authority from you?    (i) Yes / No                      (ii) Yes / No

*We will not confirm an offer of appointment until we have received a satisfactory reference from your present or most recent employer (or school if you are a school leaver)*

**ADDITIONAL DETAILS**

Please give the name of any Councillor/ Senior Member of Staff to whom you are related (Canvassing of Councillors will disqualify your application):

\_\_\_\_\_

Do you have a current driving licence? YES / NO      Do you have the use of a car? YES / NO

Please give details of any endorsements : \_\_\_\_\_

## Declaration and Consent

Information supplied on this form will be used to monitor the effectiveness of our practices and procedures, in particular our Equal Opportunities Policy. The monitoring is for statistical purposes only, and your personal details will not be identifiable from this process. Beverley Town Council will not retain application forms for *unsuccessful applicants* after twelve months from the date of appointment to the post. These will be destroyed confidentially.

I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. Furthermore, I understand that if I have provided false or misleading information in response to any questions on this form or have failed to disclose information, this will result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment. I also hereby give my explicit consent to the processing of data contained or referred to on this form, in accordance with the Data Protection Act 1998 and any subsequent legislation

**Signature of applicant:** \_\_\_\_\_ **Date:**

If you are e-mailing an application you will be asked to sign this declaration at interview

### Return Address:

**Ms H Watson  
The Town Clerk  
Beverley Town Council  
12 Well Lane  
Beverley  
East Yorkshire  
HU17 9BL**

**e-mail address:  
[clerk@beverley.gov.uk](mailto:clerk@beverley.gov.uk)**

**Closing date for receipt of application  
Wednesday 6<sup>th</sup> January 2010**

*If you would like us to acknowledge receipt of your application please enclose a S.A.E. If you have not heard within 21 days of the closing date, assume that your application has been unsuccessful*

# BEVERLEY TOWN COUNCIL

## Equal Opportunities Form

Beverley Town Council is committed to equal opportunities for all regardless of sex, ethnic origin, age or sexual orientation, family responsibilities, religion, trade union involvement or political beliefs, and dedicated to the promotion of racial equality.

Individuals will be recruited solely on the basis of genuine job requirements, relevant experience and qualification, skill and other objective criteria.

In order for the council to ensure that it can effectively monitor its Equal Opportunities Policy, you are requested to complete the following. This form will be separated from the application and will be used for analysis by Personnel only.

<b>GENERAL</b> <i>(Please Complete)</i>	
<b>POST TITLE :</b>	<b>POST REF NO :</b>
<b>DEPARTMENT:</b>	<b>SECTION:</b>
<b>FULL NAME :</b>	
<b>PREFERRED TITLE :</b>	
<b>DATE OF BIRTH :</b>	<b>AGE:</b>

<b>ETHNIC ORIGIN AND RELIGION</b> <i>(Please X)</i>		
<b>White</b> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other White British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Other White <input type="checkbox"/>  <b>Mixed</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	<b>Black or Black British</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background <input type="checkbox"/>  <b>Asian or British Asian</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>  <b>Chinese or other ethnic group</b> Chinese <input type="checkbox"/> Other <input type="checkbox"/>  <b>I would prefer not to say</b> <input type="checkbox"/>	In terms of my religion, I would describe myself as:  <b>Christian</b> <input type="checkbox"/> <b>Jewish</b> <input type="checkbox"/> <b>Buddhist</b> <input type="checkbox"/> <b>Muslim</b> <input type="checkbox"/> <b>Hindu</b> <input type="checkbox"/> <b>Sikh</b> <input type="checkbox"/> <b>Of other religion (please specify)</b> ..... <input type="checkbox"/>  <b>Having no religion</b> <input type="checkbox"/> <b>I would prefer not to say</b> <input type="checkbox"/>

<b>GENDER</b> <i>(Please X)</i>	
<b>MALE</b> <input type="checkbox"/>	<b>FEMALE</b> <input type="checkbox"/>

**REHABILITATION OF OFFENDERS**

*(Please X)*

Have you ever received a caution or been convicted by a court of a criminal offence?

**YES / NO**

If **YES** please give full details. You should **NOT** include convictions which are considered to be spent under the Rehabilitation of Offenders Act 1974.

.....  
.....  
.....

Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. If you are appointed, failing to disclose an unspent criminal conviction may lead to your dismissal.

**DISABILITY**

*(Please X)*

Under the Disability Discrimination Act "disability" is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Please confirm whether you consider yourself to be disabled or to have any medical conditions:

**YES / NO**

If yes to the above please give details.

\_\_\_\_\_

The Council undertakes to interview disabled people who meet the essential requirements of the vacancy.

**ADVERTISEMENT**

Where did you see this vacancy advertised? *(Please circle)*

Local newspaper  
Regional newspaper  
Internet

Professional Journal  
Job Centre  
[www.beverley.gov.uk](http://www.beverley.gov.uk)  
[www.ernllca.org.uk](http://www.ernllca.org.uk)