**APPLICATION FORM**

*Please return this form to the address given in the Application Pack via post or email.*

Logo, company name

Description automatically generated

|  |  |
| --- | --- |
| Application for the post of | **General Operative** |
| Closing date |  |
| How did you hear about this job? |  |

**Part A**

**Personal Details**

|  |  |
| --- | --- |
| Family Name / Surname |  |
| Forename(s) |  |
| Preferred Title (e.g. Mr, Mrs, Miss, Ms, Dr) |  |
| Current Address (Please include Postcode) |  |
| Preferred Contact Telephone Number |  |
| Email Address |  |

**Part B- Employment History**

**Present (or most recent) Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer |  | | |
| Job Title |  | | |
| Start Date |  | Notice required or date left |  |
| Salary (£) p/a |  | 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: | | | |
|  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Previous employer 1:** |  | | | | | |
| Type of Business: |  | | | Location: |  | |
| Job Title: |  | | | Salary: |  | |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | Reason for Leaving: | |  |
| Brief description of your duties: | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Previous employer 2:** |  | | | | | |
| Type of Business: |  | | | Location: |  | |
| Job Title: |  | | | Salary: |  | |
| Start Date: | Click or tap to enter a date. | End Date: | Click or tap to enter a date. | Reason for Leaving: | |  |
| Brief description of your duties: | |  | | | | |

|  |
| --- |
| **Please outline other relevant employment history:** |
|  |

**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 |
|  |  |  |

**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 onto 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**

|  |  |
| --- | --- |
| Transport: Do you hold a current driving licence? | Yes / No |
| What categories of driving licence do you hold? |  |
| Are you willing and able to travel to meet the requirements of the post (please delete as appropriate) | Yes / No |
| 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 (please delete as appropriate) | Yes / No |
| 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 / No |
| 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’ | |
|  | |

**Part H**

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration | | | |
| * I confirm that I am eligible and entitled to live and work in the United Kingdom * I am willing for this data to be held and processed by Witney Town Council and if necessary 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 be my application being disallowed or, should I be appointed, to my dismissal and, if appropriate, may be referred to the police | | | |
| Signed |  | Date |  |

**Equal Opportunities – Recruitment Monitoring**

This information will be treated with the strictest confidence and held separately from your application. Its purpose is to monitor our equal opportunities policy and will not be used as part of the recruitment process

* Please tick the appropriate box

|  |
| --- |
| Name |
| Position Applied for: **General Operative** |
| Are you: Male.  Female. |
| What is your date of birth? |
| To which of these groups do you consider you belong to?  White  Mixed  Asian or Asian British  Black or Black British  Other Background. |
| Do you consider yourself to have a disability? Yes  No |
| N.B Under the Disability Discrimination Act 1995, a person with a disability is defined as having ‘ a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’. Since 2005 the definition includes people who have been diagnosed with HIV, cancer and MS.    It does not necessarily mean that this affects how you do your work. As the definition is not very clear we have provided some examples of the impairments covered. The list is not exhaustive. You may consider that, for example, you have, for a period of a year or more had hearing loss, dyslexia, arthritis, diabetes, asthma, epilepsy or you are partially sighted. |
| If yes, please indicate the nature of your disability.  Physical impairment  Mental impairment  Other  Mobility impairment  Visual impairment  More than one impairment  Hearing impairment  Learning Disability |