

APPLICATION FORM

Post applied for

Location

Closing Date

Surname

Forename (s)

Please state preferred title

Address

Home Tel.

Fax.

Business Tel.

Fax.

Can we contact you at work? Yes / No

Postcode

Nat. Insurance No.

Name of next of Kin:

Home Tel.

Mob Tel.

Current/Last Employment

Name and Address of employer

Job title

Dates

from/to

Reason for leaving

Salary

Notice required

Previous Employment

Name and Business of employer

Job title

Salary

Dates

from/to

Reason for leaving

Educational Qualifications

Secondary school/college/university

Qualification and date obtained

Professional/Vocational Qualifications

Membership of Professional Bodies

Date

Other relevant training courses completed

Organising body and title

Brief description of course content and dates attended

Please provide the name and address of two referees

One referee should be your current or most recent employer or if you are a school or college leaver a form teacher or tutor.
Please note: References will be taken up for shortlisted candidates unless otherwise indicated

1.

2.

Tel.

Fax.

Can we contact prior to interview Yes / No

Relationship:

Tel.

Fax.

Can we contact prior to interview Yes / No

Relationship:

I confirm that the information given in respect of this application is correct to the best of my knowledge and belief.
I understand that false or misleading statements or omissions could place any subsequent employment in jeopardy.

Signed _____

Date _____

Supporting your Application

Your application form plays an essential part in choosing the right person for a job. Please use the space below for any information that you feel will support your application. Please continue on a separate piece of paper if necessary.

Statement

The nature of this post means that it is exempt from those provisions of the Rehabilitation of Offenders Act 1974 that allow convictions to be regarded as “spent”. In certain circumstances we may need to carry out police checks.

Consequently, all applicants must state whether they have **any** convictions, cautions or bind-overs. Any information given will be treated in complete confidence.

Any failure to declare any convictions, cautions or bind-overs which subsequently come to light will lead to the withdrawal of any offer of employment, or to disciplinary action which may lead to dismissal.

Please complete below.

I have read the statement about the Norfolk County Services Ltd policy on convictions etc., and

I have nothing to declare

I have information to declare and have attached a sealed envelope containing details

Please strike through whichever statement does not apply

If your application is unsuccessful, we will keep your details on file for up to 1 year, if you do not want us to keep your form on our records please indicate here.

Please return to:

HUMAN RESOURCES
NORFOLK COUNTY SERVICES
COUNTY HALL ANNEX
MARTINEAU LANE
NORWICH
NORFOLK
NR1 2UQ



RECRUITMENT MONITORING FORM

Please note that any information given in this form will be treated as STRICTLY CONFIDENTIAL and will only be processed by the Human Resources staff and not be part of the "shortlist for interview" process.

Please answer all sections by ticking the appropriate boxes.

NAME, GENDER AND DATE OF BIRTH

Full Name

Date of Birth

Gender

ETHNIC ORIGIN

White

Black

Mixed

Asian

Other

NATIONALITY

British

Other EEA (European Economic Area)

Non EEA (European Economic Area)

DDA (Disability Discrimination Act)

The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment' which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have such a disability?

Yes

No

If yes, please indicate what type of disability you have.

The reason we ask for this information is in order to monitor applications to ensure compliance with equal opportunities legislation and invite a diverse variety of candidates to our posts.