

**People & Organisational Development**  
South Kesteven District Council

Council Offices, St. Peter’s Hill  
Grantham, Lincolnshire NG31 6PZ  
Tel: 01476 40 60 80  
DX27024 – Grantham  
email: [peopleandod@southkesteven.gov.uk](mailto:peopleandod@southkesteven.gov.uk)

[www.southkesteven.gov.uk](http://www.southkesteven.gov.uk)

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| **APPLICATION FORM** | |
| Application for Employment as | Ref |

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| PERSONAL DETAILS | | | |
| Title | Surname | | First name |
| Second name | Other name (s) | | |
| Address             Postcode        Home telephone number  Mobile number | | | |
| Can you be contacted at work? If yes, work telephone number  work mobile number | | | |
| Can we securely e-mail correspondence to you throughout the recruitment process?  Email address:  Work email address: | | Do you hold a current driving licence?  Please select the type of licence you currently hold  Do you have any points on your licence? If, yes please state how many | |
| Should you be selected for interview, are there any dates when it would be impossible for you to attend?  Click here to enter a date. | | If appointed when could you start work? | |
| Are you a relation or partner of an existing councillor or officer of the Council?  If yes, please state relationship | | Are you currently employed by South Kesteven District Council? | |
| Do you have a criminal record  If yes, Conviction date Click here to enter a date.  Details  NB. Under the Rehabilitation of Offenders Act 1974 you are required to give details of any convictions that are not spent (failure to do so may render you liable to summary dismissal) | | | |

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| REFERENCES | | | |
| Please provide details of two people we can contact for references. One should be your present or a previous employer. | | | |
| Type | | Type | |
| Title | Surname | Title | Surname |
| First name | | First name | |
| Second name (s) | | Second name (s) | |
| Address          Postcode        Telephone  Mobile  Email | | Address        Postcode        Telephone  Mobile  Email | |
| How known | | How known | |
| Company | | Company | |
| Job Title | | Job Title | |
| Contact before interview | | Contact before interview | |

Please note that **all** information provided on this form may be subject to checks. Applicants who are appointed and found to have supplied false information or misled through significant omission may be subject to disciplinary action which could result in their summary dismissal.

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| **EDUCATION AND QUALIFICATIONS** | | | | |
| Educational Establishment/  Awarding Body | Qualifications and examinations taken | Grade | Date | |
| From | To |
|  |  |  | Click here to enter a date. | Click here to enter a date. |
| Qualification type | | | | |
| Educational Establishment/  Awarding Body | Qualifications and examinations taken | Grade | Date | |
| From | To |
|  |  |  | Click here to enter a date. | Click here to enter a date. |
| Qualification type | | | | |
| Educational Establishment/  Awarding Body | Qualifications and examinations taken | Grade | Date | |
| From | To |
|  |  |  | Click here to enter a date. | Click here to enter a date. |
| Qualification type | | | | |
| Educational Establishment/  Awarding Body | Qualifications and examinations taken | Grade | Date | |
| From | To |
|  |  |  | Click here to enter a date. | Click here to enter a date. |
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|  |  |  | Click here to enter a date. | Click here to enter a date. |
| Qualification type | | | | |
| Educational Establishment/  Awarding Body | Qualifications and examinations taken | Grade | Date | |
| From | To |
|  |  |  | Click here to enter a date. | Click here to enter a date. |
| Qualification type | | | | |

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| **MEMBERSHIP OF PROFESSIONAL BODIES** |
| Please provide details of membership of any professional body.  Name of professional body  Membership date Click here to enter a date.  Details  Name of professional body  Membership date Click here to enter a date.  Details |

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| **EMPLOYMENT HISTORY  (Please give full details – starting with your most recent employer)** | |
| Name of your present or most recent employer | Date appointed |
| Date left (or present) |
| Job Title | Salary |
| Summary of duties | |
| Reason for leaving or wanting a change | |

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| Name of your previous employer | Date appointed |
| Date left |
| Job Title | Salary |
| Summary of duties | |
| Reason for leaving | |

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| Name of your previous employer | Date appointed |
| Date left |
| Job Title | Salary |
| Summary of duties | |
| Reason for leaving | |

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| --- | --- |
| Name of your previous employer | Date appointed |
| Date left |
| Job Title | Salary |
| Summary of duties | |
| Reason for leaving | |

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| --- | --- |
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| --- | --- |
| Name of your previous employer | Date appointed |
| Date left |
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| Reason for leaving | |

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| --- | --- |
| Name of your previous employer | Date appointed |
| Date left |
| Job Title | Salary |
| Summary of duties | |
| Reason for leaving | |

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| JOB REQUIREMENTS |
| Please use this space to explain how you meet each one of the job requirements in the person specification on the job description. You may draw on knowledge, skills, abilities, experiences, etc. gained from paid work, unpaid work, domestic responsibilities, education, leisure interests and voluntary activities. (You should not attach CVs). What you write here is not limited to this space. |
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| DECLARATION | |
| I declare that the information given in this application is true and that I have not canvassed (either directly or indirectly) any member or officer of South Kesteven District Council and will not do so. I also confirm that I consent to my personal data being processed for recruitment, selection and human resources management purposes. My consent includes the data about race, age, gender and disability records separately from this form and used for equal opportunities monitoring purposes.  I understand that South Kesteven District Council may undertake checks to verify the information provided on this form and other forms in the application pack. I understand that the vacancy may require a Criminal Records Bureau Disclosure and I will be asked to sign a separate consent form. I understand having a criminal record will not necessarily disbar me from employment with the District Council. A copy of the CRB Code of Practice is available upon request from the Human Resources and Organisational Development section. | |
| Signature | Date |

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**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

The District Council believes that all applicants have the right to be treated with fairness and equity. We will not therefore, discriminate against any person because of their sex, transgender, religion or belief, race, age, disability or sexual orientation.

To enable us to monitor our recruitment process, I should be grateful if you would complete this form. As with all information you give us it will be regarded as strictly confidential and will be separated from your application on receipt. It will be used only for the development of future recruitment practices aimed at ensuring equality.

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| **Racial/ethnic origin:** (Please x appropriate box) | | |
| **A White** | **B Mixed** | |
| British  Irish  Roma/Gypsy  Traveller of Irish heritage  Other White  Please specify | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background   Please specify | |
| **C Asian or Asian British** | **D Black or Black British** | |
| Indian  Pakistani  Bangladeshi  Any other Asian background  Please specify | Black Caribbean  Black African  Any other Black background  Please specify | |
| **E Chinese or other racial group** |  | |
| Chinese  Any other racial group  Please specify |  |

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| **Nationality:** |
| My nationality is:       Prefer not to say |

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| **Gender:** |
| Male  Female  Transgender  Prefer not to say |

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| **Sexual Orientation:** |
| Lesbian Gay Bisexual Hetrosexual Prefer not to say |

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| **Age:** |
| What is your date of birth? |

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| **Second Language:** |
| Do you speak a second language? If yes, please specify |

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| **Religion or Belief:** |
| Do you regard yourself as belonging to any particular religion? Yes  No  If yes, which one?  \*Christianity includes Church of England, Catholic, Protestant and all other Christian denominations   |  |  |  |  | | --- | --- | --- | --- | | \*Christianity | Buddhism | Hinduism | Judaism | | Islam | Sikhism | Other | Prefer not to say | |

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| **Disability:** |
| Under the provisions of the Equality Act 2010 you have a disability if you have a physical or mental impairment that has a substantial and long term adverse effect on your ability to carry out normal day to day activities.  C:\Users\leilasenior\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\U58C9BB5\employer_small.pngDo you have a disability? Yes  No  Please provide further information if necessary |
| Do You have any condition medical or otherwise that may affect your ability to attend an interview?  Yes  No  If yes, please specify |

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| Please state where you saw the job advertised: |