



LEEDS
CITY COUNCIL

CONFIDENTIAL SO(48)

The information you provide on this form will be used for recruitment & selection and employment contract purposes

Please complete this form in **black ink** or typescript and return it to:-

For Office use

Ref:

Closing Date:

Application For Employment as:

Last Name:

First Name:

Grade:

Address for Correspondence:

Postcode:

Home Tel No:

Work Tel No:

Email:

May we contact you at work? **YES NO**
(Please delete as appropriate)

If the job includes driving, are you licensed to drive the appropriate vehicle? If you hold an HGV licence, please state class. **YES NO** (Please delete as appropriate)

If you are selected for interview, are there any dates when it would be impossible for you to attend?:

When would you be available for work?:

Are you related to any Councillor or Employee of Leeds City Council? **YES/NO** (If yes, give details)

For Full Time posts: I am applying for Job Share / Part-Time
(please delete as appropriate)

Please indicate the range of days and the maximum number of hours you are able to work

CANVASSING DISQUALIFIES (Please see Guidance Notes)

Please give details of any criminal convictions, bindovers or police cautions:

N.B. Under the Rehabilitation of Offenders Act 1974, you are required to give details of any convictions, which are not 'spent'. In addition, the Council requires you to disclose any cautions and binding over orders that you have received in the last 12 months. Failure to do so may render you liable to summary dismissal. Certain posts are exempt from the provisions of the Rehabilitation of Offenders Act and job applicants must disclose all criminal convictions and cautions whether or not they are spent. If the post you have applied for comes within this category, it will be clearly indicated in the supporting information.

References

Please give the names and addresses of two referees. One should be your present employer or, if not employed, your last employer. If you have not been employed before, you will need to supply referees who are able to comment on your ability to do the job.

1. Title: Name:

2. Title: Name:

Occupation:

Occupation:

Address:

Address:

Postcode:

Postcode:

Telephone No:

Telephone No:

Fax No:

Fax No:

Email:

Email:

Capacity in which known:

Capacity in which known:

May Be Contacted If Selected For Interview Yes/No
(Please delete as appropriate)

May be contacted if selected for interview Yes/No
(Please delete as appropriate)

It is not necessary to complete this page if you are applying for a manual job

Knowledge - (see Guidance Notes)

Please show that you have the knowledge asked for in the Employee Specification gained either through work, education, home or voluntary activities.

Experience - (see Guidance Notes)

Please show that you have the experience asked for in the Employee Specification gained either through work, home or voluntary activities.

SKILLS - (see Guidance Notes)

Please show that you have the skills asked for in the Employee Specification gained either through work, home or voluntary activities.

Additional Information (See Guidance Notes)

You must not exceed two sides of A4 paper (this does not apply to Disabled Applicants) . CV's are **NOT** allowed.

Please show how you meet the additional factors on the Employee Specification and use this section if there is any other information you wish to add in support of your application.

Additional Information (continued)

I understand that public funds must be protected and so the information I have provided on this form may be used to prevent and detect fraud. The information may also be shared, for the same purposes, with other organisations which handle public funds. I can confirm that, to the best of my knowledge, the information provided on this form is correct and gives a fair representation of my qualifications and employment history.

Signature:

EQUAL OPPORTUNITIES

Applicants for jobs will not be unfairly discriminated against on the grounds of their sex, marital status, disability, colour, race, nationality or ethnic origin, sexuality or age. To ensure the effectiveness of the policy, and to assist in its development, it has been decided that all applicants will be monitored for employment and promotion.

For Office use

Date of Birth:

Where did you see this post advertised?

Male **Female**

Are you Disabled?

Yes **No**

Do you consider yourself to meet the Disability Discrimination Act definition of a Disabled Person? (See Guidance Notes)

Yes **No**

For Disabled Candidates only

To help recruiters decide whether a reasonable adjustment will be required, please answer the following questions.

Does your impairment prevent you from carrying out any of the duties of the post? If yes, you are still encouraged to apply as we may be able to make some changes to accommodate a suitable disabled candidate. It would be helpful if you let us know what the potential difficulties might be.

If called for an interview, does your impairment require us to make any particular arrangements? If yes, please describe. It would be useful if you could give us any information you have about how these might be overcome. If you do not let us know at this stage what your needs are, there is no guarantee that we can meet them if you let us know at a later date.

Ethnic Origin

Asian or Asian British

Bangladeshi AB
Indian AI
Kashmir AK
Pakistani AP
Other (Specify) AO

Black or Black British

African BF
Caribbean BC
Other (Specify) BO

Chinese or other ethnic groups

Chinese CC
Other (specify) CO

Mixed

White and Asian MA
White and Black African MF
White and Black Caribbean MC
Other (specify) MO

White

British WB
Irish WI
Other (specify) WO