



APPLICATION FOR EMPLOYMENT

To enable us to process your application form please ensure that all relevant information is completed.

JOB APPLIED FOR:

JOB REFERENCE NUMBER:

CLOSING DATE:

SERVICE:

LOCATION:

PERSONAL DETAILS

LAST NAME:

OTHER NAME (S):

ADDRESS:

POSTCODE:

DATE OF BIRTH:

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TELEPHONE NUMBERS: (IF WE CAN CONTACT YOU THERE):

DAY

EVENING:

OTHER (e.g.)

MINICOM:

MOBILE:

EMAIL ADDRESS):

NATIONAL INSURANCE NUMBER:

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HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT FOR ANY OTHER REASON THAN REDUNDANCY: YES / NO*

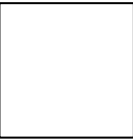
IF YES PLEASE GIVE DETAILS:

*Please Delete

PREVENTION AND DECLARATION OF FRAUD

I confirm that to the best of my knowledge the information given is correct. If I knowingly make a false statement or hide any material fact I could have my employment finished.

Signed: _____ Date: _____



WORK EXPERIENCE

JOB APPLIED FOR:

JOB REFERENCE NUMBER:

CLOSING DATE:

SERVICE:

LOCATION:

PLEASE GIVE DETAILS OF YOUR CURRENT OR MOST RECENT JOB

NAME AND ADDRESS OF EMPLOYER:

POSTCODE:

JOB HELD:

PAY£: (PER WEEK/YEAR) DATE OF APPOINTMENT:

DATE OF LEAVING (IF APPLICABLE):

HOW SOON AFTER A JOB OFFER CAN YOU START?

ALL APPLICANTS WHO HAVE A DISABILITY AND WHO MEET THE ESSENTIAL CRITERIA FOR THIS JOB WILL BE GUARANTEED AN INTERVIEW.

I CONSIDER THAT I HAVE A PHYSICAL OR MENTAL IMPAIRMENT THAT HAS A SUBSTANTIAL AND LONG - TERM ADVERSE EFFECT ON MY ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES. **YES** **NO**

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

SECONDARY SCHOOL COLLEGE etc	QUALIFICATION, GRADE & LEVEL ATTAINED (e.g. NVQ Level 1)	DATE OBTAINED

OTHER RELEVANT TRAINING

DETAILS OF COURSES, QUALIFICATIONS / CERTIFICATES (IF APPLICABLE)	DATE OBTAINED

MEMBERSHIP OF PROFESSIONAL / TECHNICAL BODY

PROFESSIONAL ORGANISATION	TYPE OF MEMBERSHIP	DATE OF ENTRY

PREVIOUS EMPLOYMENT

Have you previously worked for Tameside M.B.C.? YES/ NO*

Please detail below details of all other previous employment, including where appropriate any employment with Tameside MBC. Please state most recent employer first

DATE		NAME & ADDRESS OF EMPLOYER	POSITION HELD	REASON FOR LEAVING
FROM	TO			

HOW YOU MEET THE SELECTION CRITERIA

Please support your application by relating what experience, skills, knowledge and personal qualities you can bring to this job. Please ensure that you relate it to the requirements outlined in the Person Specification. **(Please read the guidance notes before completing.) If you wish to use separate sheets then please attach them to this page. Please refrain from signing or printing your name on any personal details in this section.**

ADDITIONAL INFORMATION

RELATIONSHIPS TO ELECTED MEMBERS OR ANY EMPLOYEES OF THE COUNCIL

Are you related to any Elected Member or any employee of the Council? YES/ NO*

If YES, please state name and position:

REFEREES

Please provide the name and address of two referees, one of which should be your current employer (or most recent employer if unemployed). Please note: References will normally be taken up for applicants invited to interview. Please tick below if this NOT convenient.

1. Name:

Position:

Address:

2. Name:

Position:

Address:

Postcode:

Telephone No:

Email address:

Relationship to you:

(If applicable)

Tick if NOT Convenient

Postcode

Telephone No:

Email address:

Relationship to you:

(If applicable)

Tick if NOT Convenient

DRIVING LICENCE

Do you hold a current driving licence?

YES

NO

Do you have a vehicle available for work?

YES

NO

What type of driving licence do you hold?

Full

Provisional

LGV

Other

Please return your completed application to:

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO THE ADDRESS STATED IN THE ADVERTISEMENT.

DATA PROTECTION

SERVICE:
JOB TITLE:
LAST NAME:
ADDRESS:

JOB REFERENCE NUMBER:
OTHER NAME (S)

MONITORING EQUAL OPPORTUNITIES

The information you have supplied on this application form may be processed by computer/or in manual systems. We need the information to operate the recruitment process. This data will also be used to produce statistics for equal opportunities and recruitment monitoring.

This part of the form will not be seen by either members of the short listing or interview panels.

To help us monitor the effectiveness of our policy, please tick the following as appropriate:

This information is needed so that all applicants who have a disability and meet the essential criteria for this position are offered an interview

I consider that I have a physical or mental impairment that has a substantial and long-term adverse effect on my ability to carry out normal day to day activities. YES NO

I am: Male Female

I consider myself to be:

White:

British

Irish

Or any other white background
(please complete):

Mixed:

White and Black Caribbean

White and Black African

White and Asian

Or any other mixed background
(please complete):

Chinese or other Ethnic Group

Chinese Other (Please complete):

Where did you see this job advertised:

Does Tameside Council currently employ you?

YES NO

If YES is your employment? Permanent

or Temporary

EQUAL OPPORTUNITIES WITH TAMESIDE COUNCIL

THE POLICY

Tameside Council is striving to be an effective Equal Opportunities Employer.

All employees are recruited, trained and promoted on the basis of ability, the requirements of the job and similar objective, relevant criteria.

All job applicants and employees receive equal treatment regardless of age, disability, sex, marital status, sexual orientation, race, colour, religion, nationality, ethnic or national origin.

The Council is committed to ending the under-representation of disabled people and Afro Caribbean and Asian people throughout its workforce and of women at management levels.

PUTTING THE POLICY INTO PRACTICE

To achieve the Council's policy:

All Services have set themselves targets in yearly action plans to carry this policy out.

This statement is given to all employees and applicants.

All staff on interview panels are trained on equal opportunities issues.

Job applications are encouraged from under-represented groups.

Adaptations will be provided where necessary to meet the needs of disabled employees.

Racial, sexual and other forms of harassment will not be tolerated.

Implementation of the Council's policy is checked through regular monitoring.

THE POLICY AND YOU

All employees are responsible for implementing the Council's equal opportunities policies.

It is important that all individuals who are employed by the Council appreciate they have a responsibility and a role to play in the provision of equal opportunities.



**If you would like to know more about this policy, contact: The Human Resources Support Team - Council Offices, Wellington Road, Ashton-under-Lyne, Tameside
Telephone: 0161 342 2553**