Confidential



Job Ref.	App. Ref.

Application for the post of Section/School

Department									
Personal details									
Full Name						Title:			
Have you ever be	en known by	any other name/nam	nes.	Yes 🗌	No [
(If yes, please stat	e details)								
Address									
			Postco	de					
Home telephone	no.		Work te	elephone no	o				
Mobile telephone	no.		Email a	address (op	tional)				
National Insurance	ce (N.I.) no.								
Present employ	nent	Date commenced	Employer/	Employing	hody/	Grade/Salary			
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Present employ	nent	Date commenced		Employing employmer		Grade/Salary			
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4. Education and Professional Qualifications

Secondary Education/ establishment(s)	Qualification(s) obtained	Grade
Further Education/Training establishment(s)		

5. Membership of Professional Bodies

Please give details of any professional body of which you are a member. Indicate those obtained by examination

Professional body	Membership no.	Level of Membership	Date joined

6. Additional information

Please refer to the person specification and state how your career history (including all your previous paid, unpaid or voluntary work, or work at home), qualifications and training meet the criteria specified. Please remember, this information will be used as part of the selection process so you must make your case in a concise, well-organised and positive way. This statement may be attached as a separate document, if preferred.

Knowledge		
Skills/Abilities/Competencies		
Skills/Abilities/Competencies		
Experience		

Special attributes	
Sickness Please state how many days of sickness you have h (N.B. All appointments are subject to a satisfactory i	
Referees	
Please enter the names and addresses of <i>two</i> referees	. One should be your present or most recent employer
1. Name	2. Name
Relationship	Relationship
Address	Address
Telephone no. (home)	Telephone no. (home)
Telephone no. (business)	Telephone no. (business)
Place indicate if your references can be contacted	N hafara tha intarviow
Please indicate if your references can be contacted 1. Yes No No No No No No No No N	2. Yes \square No \square
References will only be considered after a selection	
relation of the construction and a selection	THAS DOGH HIAUG.

7.

8.

9. Previous Employment (with the most recent first)
Please state full employment history including gaps since leaving full-time education

Post	From Day/Month/ Year	To Day/Month/ Year	Employer/Employing body/ Nature of employment	Grade/ Salary	Reasons for leaving

10. St. Helens Council require a candidate for an appointment to disclose whether, to his/her knowledge, he/she is a partner or relative of any Councillor or employee of the Council. A candidate who fails to do so is disqualified from such appointment. The Council will also disqualify any applicant who directly or indirectly seeks the support of any Councillor for appointment with the Council.

Please state 'Yes' or 'No' whether you are so related	
If you answer 'Yes', please give their name and state the relationship.	

11.	Rehabilitation of Offenders Act (It is important that you refer to the enclosed guidance notes before completing this section.) Have you ever been convicted of any criminal offence? Yes No If 'Yes', please give details of the conviction(s) and date(s) that have not been 'spent' in accordance with the Rehabilitation of Offenders Act.								
12.	Are you disabled? (Please refer to the enclosed guidance notes before answering this question.) Yes No No								
	Candidates with a disability who demonstrate they meet the essential criteria for the job as detailed on the Person Specification will be interviewed.								
13.	Section Eight of the Asylum and Immigration Act 1996 (Please refer to the enclosed guidance notes before answering this question.)								
	Do you have the right to work in the UK? Yes No								
	The successful applicant will be required to produce documentary evidence of their right to remain and take up employment in the UK.								
14.	Please state where the advertisement for the post was seen								
15.	The information provided in your application will be processed in accordance with the requirements of the Data Protection Act 1998. It will be treated as confidential and used only for the purpose of employment-related matters and the provision of workforce monitoring statistics. Checks will be undertaken to validate the information provided.								
	Under the Council's liability to protect the public funds its administers, if you are appointed, the information provided may subsequently be shared with other departments of St. Helens Council and with other relevant bodies solely for the purpose of prevention and detection of fraud.								
	Applications from unsuccessful candidates will be destroyed 12 months after completion of the recruitment processes, in accordance with the Retention Schedule.								
	I declare that these particulars are true to the best of my knowledge. I also acknowledge that the information which I have provided to the Council will be used for the purpose stated and give my consent to such use.								
	Signature of Applicant Date								

This Council is an Equal Opportunity Employer.

N.B. Due to the need to minimise costs, acknowledgement of receipt of applications will only be sent out on the inclusion of a stamped addressed envelope with your completed application form. After the closing date, if you have not received any further communication within four weeks, you should assume that your application has been unsuccessful. If this should occur, the Council would like you to apply for any other post which you may see advertised, and for which you feel you may be suitable. Applications for each post are considered entirely on their own merits, and lack of success in one application will not prejudice consideration given to future applications.

When complete, this form should be sent to:

Human Resources Ground Floor Town Hall Victoria Square St.Helens Merseyside WA10 1HP

											Job Ref		App	o. Ref.	
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Asian or A	Asian E	British						Black	or Bla	ck Briti	sh		Chinese o	or other ethnic group	
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3. Please (Please		your g					l statu	IS			you disa ease tick		propriate	box.)	
Gender				Marit	al Sta	tus				Disab	ility		(Please	e refer to the	
Male	Fem	nale	7	Marrie	ed	Sing	le	Civil Partner Yes		Yes			enclose	ed guidance	
			71									notes before answering this question.)			
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Atheist	С	hristian		Bud	ddhist		Hindu	du Jewis		า	Muslim		Sikh	No culture, belief or religion	
	+			+										1 2 1 3 1 1	

Any other culture, belief or religion, please state:

St. Helens Council offers a translation and interpretation service covering foreign languages, British Sign Language, Braille and audio tape, and all public areas within the Council's main Town Centre offices have disabled access.

For a translation of any St.Helens Council publication, please provide your name and address and the name of the language you require to the Contact Centre, quoting the title and/or reference number of the document.

Jeśli chcieliby Państwo otrzymać tłumaczenie jakiejkolwiek publikacji Rady St Helens, prosimy o podanie nazwiska, adresu i nazwy wymaganego języka do Centrum Kontaktowego, podając tytuł i/lub nr referencyjny dokumentu.

Para recibir una traducción de cualquier publicación del St Helens Council (Consejo del municipio de St Helens), por favor indíquenos su nombre y dirección y el idioma con el que se comunicará con el Contact Centre (Centro de Contacto), así como el título y/o el número de referencia del documento.

St Helens کاؤنسل کی کسی بھی اشاعت کے ترجمہ کے لئے، براہ مہربانی رابطہ مرکز کو اپنا نام اور پتہ دیں اور اس زبان کا نام جس میں ترجمہ کی ضرورت ھے، اس دستاویز کا عنوان اور/یا حوالہ نمبر دیتے ھوئے.

St Helens कॉउन्सिल के किसी प्रकाशन के अनुवाद के लिए कृपया संम्पर्क केन्द्र को अपना नाम, पता और उस भाषा का नाम जिसकी आपको आवश्यकता है, डाक्यूमेंट का नाम तथा संदर्भ संख्या को उद्धत करते हुए दें।

若要获取 St Helens 委员会任何刊物的译文,请将您的姓名、地址和语言 种类告知"联系中心",并注明文件标题和/或编号。

Para sa pagsasalin ng kahit na anong publikasyon ng St Helens Council, paki paalam ang inyong panaglan at address at ang pangalan ng lenguwaheng kailangan niyo sa Contact Centre, paki saad ang titulo at/o numerong reference ng dokumento.

Contact Centre Wesley House, Corporation Street, St.Helens, Merseyside WA10 1HF Tel: (01744) 456789

Minicom: (01744) 671671 Fax: (01744) 456895

Email: contactcentre@sthelens.gov.uk

