



**CONFIDENTIAL**

**Return completed form to:**  
The Clerk,  
Whetstone Parish Council,  
Cemetery Road,  
Whetstone,  
Leicestershire, LE8 6LL.  
or by email to:  
clerk@whetstonepc.org.uk

## **APPLICATION FORM**

### **POST DETAILS**

Post Title:	Closing Date:
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### **PERSONAL DETAILS**

Title, eg Mr/ Mrs/ Ms/ Miss	Address:
Surname:	
Forename(s):	
National Insurance No:	Post Code:
Email Address:	Home Telephone No:
Mobile Telephone No:	Business Telephone No:

### **EDUCATION , TRAINING & QUALIFICATIONS**

Qualification Obtained	Grade	Date Achieved	School/College/University

## MEMBERSHIP OF PROFESSIONAL BODIES/ASSOCIATIONS

Organisation	Membership Level	Date Achieved

## CURRENT OR LAST EMPLOYER

Employer's Name:	Post Held:
Employer's Address:	Date Appointed:
	Present Salary:
Post Code:	Present Grade:
Reason for seeking other employment:	Other Allowances:
	Notice Period:

## EMPLOYMENT HISTORY – Most recent first

Employer	Post Held	Salary	Date from	Date to	Reason for leaving

## HEALTH

Do you have any disabilities or medical conditions that could adversely affect your ability to carry out the job?

YES  NO

If yes, please describe.

## EXPERIENCE AND OTHER INFORMATION

The information you provide in this section is important in assessing your application. Please use this space to state your reasons for applying for the post, relating all your experience, achievements, skills and personal qualities and abilities relevant to the requirements of the post. Any other information in support of your application should be included here. Please relate your information to the requirements in the person specification for the job.

You may include relevant details of gaps in paid employment, unpaid work experience and positions of responsibility held.

Please continue on a separate sheet if necessary (not more than 4 sides of A4)

## REFERENCES

Present/last employer	A person who is able to comment on your ability to undertake this role, normally a previous employer, tutor or person who has had supervisory responsibility for you in the recent past
Name (Mr, Mrs, Ms, Miss):	Name (Mr, Mrs, Ms, Miss):
Position	Position
Address:	Address:
Post Code:	Post Code:
Daytime Telephone No:	Daytime Telephone No:
May we contact prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>

## AVAILABILITY FOR INTERVIEW

Please give below any dates during the next 4 weeks when you would not be able to attend an interview. (Please note that on some occasions it may be necessary to hold interviews on dates you have stated.)

## RELATIONSHIP

Are you related to any member or employee of Whetstone Parish Council? YES  NO   
If yes, please state name and relationship.

## CRIMINAL CONVICTIONS

Do you have a criminal conviction that is not 'spent' under the Rehabilitation of Offenders Act 1974? YES  NO   
If yes, please give details below.

Some posts, including those that involve working with children, elderly, sick, disabled or vulnerable people may be required to give details of any criminal convictions. If this post falls into this group you will be required to provide information on a questionnaire to be checked through the Criminal Records Bureau (CRB).

## DECLARATION

I declare that the information given in this application is true. I will not approach any members or employees of the Council in order to advance my appointment, as I understand this will disqualify me from consideration. I understand that if employed and this declaration is false, I may be summarily dismissed. I agree to undergo a medical examination at the Council's request.

**Signed:**

**Date:**



# EQUAL OPPORTUNITIES MONITORING

The information which you provide on this form will not be used by those involved in the selection procedure, it is for statistical purposes only and will be separated from the main application form upon receipt and before consideration of candidates takes place.

Name: ..... Date: .....

Post Applied for: ..... Date of Birth: .....

Gender: Male  Female

Where did you see the vacancy advertised? .....

The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'

Do you have a disability? Yes  No

Are there any adjustments which need to be made for the purpose of the interview/job?

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## How would you describe your ethnic origin?

### WHITE

- British
- Irish
- Any other white background

### ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

### BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

### CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other ethnic group

Equal Opportunity Monitoring is carried out to enable the Council to evaluate the effectiveness of the Equal Opportunity Policy and related personnel practices and policies. All information supplied on this form will be kept in a confidential manner and used for monitoring purposes only.