

# APPLICATION FORM

## SOUTH STAFFORDSHIRE COUNCIL



PLEASE COMPLETE THE FORM IN FULL AS IT FORMS THE INITIAL STAGE IN OUR SELECTION PROCEDURE  
Please complete in your own handwriting using block capitals

<b>POST APPLIED FOR:</b>  Please state where you saw the job advertised:	<b>FOR OFFICE USE:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; text-align: center;">DATE RECEIVED</td> <td style="width: 15%; text-align: center;">S/L</td> <td style="width: 15%; text-align: center;">INT</td> <td style="width: 45%; text-align: center;">APP</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </table>	DATE RECEIVED	S/L	INT	APP				
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### 1. PERSONAL DETAILS

SURNAME: _____	FORNAMES: _____
ADDRESS: _____	MR/MRS/MISS/MS (OTHER) _____
_____	HOME TELEPHONE: _____
_____	BUSINESS TELEPHONE: _____
POST CODE: _____	MOBILE TELEPHONE: _____
	EMAIL ADDRESS: _____ (IMPORTANT: You will only be notified by phone/email if shortlisted)

### 2. EDUCATION AND TRAINING (Relevant to the person specification)

SCHOOL/COLLEGE/UNIVERSITY ATTENDED	FROM	TO	P/T F/T	QUALIFICATION	GRADE

Certain positions within the Council will require Disclosure checks to be made with the Criminal Records Bureau and Disclosures will be sought on all occasions for successful candidates for such posts. Further information on whether the post you are applying for requires a Disclosure, is contained in the job description.

Please note any offers of employment within the Council are conditional and subject to satisfactory CRB clearance (if applicable), verification of qualifications, satisfactory references, medical clearance and evidence of eligibility to work in the U.K. We reserve the right to verify any information on this application form at recruitment stage and post employment.

OTHER COURSES ATTENDED – Please state title, dates and duration of course during the last 3 years:

MEMBERSHIP OF PROFESSIONAL BODIES – If by examination please state grade and dates obtained:

3. PRESENT EMPLOYMENT

JOB TITLE: \_\_\_\_\_ DATE APPOINTED: \_\_\_\_\_

EMPLOYER & ADDRESS: \_\_\_\_\_ PRESENT SALARY/WAGE: \_\_\_\_\_

SALARY/WAGE RANGE: \_\_\_\_\_

OTHER BENEFITS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

BRIEF DESCRIPTION OF CURRENT DUTIES AND RESPONSIBILITIES:

4. PREVIOUS APPOINTMENTS (Most recent first)

EMPLOYER:	JOB TITLE:	DATES: FROM/TO	SALARY	REASON FOR LEAVING:

5. OTHER INFORMATION

PLEASE INDICATE BELOW WHY YOU WISH TO WORK FOR THE COUNCIL AND HOW YOU BELIEVE YOUR PREVIOUS EXPERIENCE WILL ASSIST YOU IN THIS POST:  
(If you require additional space, please continue on a separate sheet).

6. DISABILITIES

This information is required to ensure that all disabled applicants who meet the minimum essential criteria are offered an interview.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

YES

NO

IF YOU REQUIRE SPECIFIC AIDS/ADAPTATIONS FOR INTERVIEW OR EMPLOYMENT, PLEASE SPECIFY:

7. MISCELLANEOUS

TO BE COMPLETED WHERE THE POST HAS A DESIGNATED CAR USER ALLOWANCE – SEE JOB DESCRIPTION

DO YOU OWN A CAR?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU REGULAR USE OF A CAR?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU HOLD A CURRENT/VALID DRIVING LICENCE? (If no, please give details)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE STATE WHAT SALARY YOU WOULD EXPECT FOR THE POST:

PLEASE STATE YOUR CURRENT PERIOD OF NOTICE:

8. REFERENCES

Please give names and addresses, telephone numbers and occupations of two referees who have agreed for their names to be used and to whom we can refer to regarding your suitability for the post applied for. One of these should be your current or last employer.

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Telephone Number: _____	Telephone Number: _____
Email Address: _____	Email Address: _____

If you do **not** wish this referee to be contacted prior to Interview, please tick this box

If you do **not** wish this referee to be contacted prior to Interview, please tick this box

Are you the parent, grandparent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle, aunt, nephew, or niece of a Councillor or employee of the Council or the partner of such a person?

YES  NO

If yes, please give name and relationship:


I certify that to the best of my knowledge the details provided on this form and any supporting papers are true and accurate.

Furthermore, I understand that the provision of false information may result in the termination of any contract entered into. Canvassing of or failure to disclose a relationship to any elected Member or Officer of the Council will disqualify.

The information collected on this form will be used to process your job application. Information provided by unsuccessful candidates will be retained for twelve months after appointment and then disposed of in a secure manner. Information provided by successful candidates will be retained on the individual's personnel file. The information may be used to prevent or detect crime, to protect public funds as permitted by law. We also reserve the right to verify any information on this application form at recruitment stage and post employment. Your Signature on this application form gives us consent under the Data Protection Act 1998 to contact external bodies (e.g awarding bodies, previous employers) at any stage during employment should we require to do so. We will not disclose information about you to anyone outside South Staffordshire Council nor use the information for other purposes unless the law permits us to.

This form, when completed should be returned in an envelope marked 'Private and Confidential – Application' to:  
 Human Resources  
 South Staffordshire Council  
 Council Offices, Codsall  
 South Staffordshire WV8 1PX.

Or by Email to: [jobs@sstaffs.gov.uk](mailto:jobs@sstaffs.gov.uk)



INVESTOR IN PEOPLE  
HUMAN RESOURCES

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_