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| G:\Logos\arp logo new.pngC:\Users\sdraper\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\All LA's Logo.jpg[fdc](http://www.fenland.gov.uk/)  **Application for employment**  Please answer all of the questions and ensure you complete the form fully. Responses should not be replaced by reference to CV. Incomplete forms will not be accepted.  Please refer to the applicant guidance notes for further information. |

**Job details**

|  |  |
| --- | --- |
| Job you are applying for |  |
| Where you saw the advert |  |

**Personal details**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Other names (in full) |  |
| Any previous surname |  |

|  |  |
| --- | --- |
| Address |  |
| Postcode |  |

|  |  |
| --- | --- |
| Home phone number |  |
| Mobile phone number |  |
| Email address |  |

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| --- | --- | --- | --- | --- |
| Are you a car owner? | Yes |  | No |  |
| Do you hold a full current UK driving licence? | Yes |  | No |  |
| Driving licence categories (B, B1, B+E, C1 etc.) |  | | | |
| Details of any current endorsements |  | | | |

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| --- | --- |
| When would you be available to start work? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you related to a Councillor or employee? | Yes |  | No |  |
| If yes, please give details |  | | | |

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| --- | --- | --- | --- | --- |
| Do you need a permit to work in the UK? | Yes |  | No |  |
| If so, do you have a permit? | Yes |  | No |  |

**Education and Qualifications**

(Including secondary, further and higher education)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/College/**  **University** | **Qualification/**  **Level** | **Subject** | **Grade/Result** | **Date Taken** |
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**Any other additional learning**

(Including CPD, First Aid, short courses etc.)

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**Professional memberships**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of institution** | **Type of membership** | **Membership number** | **Dates** |
|  |  |  |  |
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**Employment**

(Including self-employment, voluntary work experience etc.)

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| --- | --- | --- | --- | --- | --- |
| **Employer name/**  **location** | **Job title and brief description** | **Start date** | **End date** | **Salary/ Hourly rate** | **Reason for leaving** |
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**Any periods unaccounted for in the previous sections should be detailed below:**

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**References**

Please give the names and contact details of all employers covering the last three years (or educational/volunteering where there has been no employer) from whom references can be sought. Referees who are relatives/friends only are not acceptable. Referees will not be contacted without your permission and only following interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referee name |  | | | |
| Email address |  | | | |
| Telephone number |  | | | |
| Can we take up this reference after interview? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Email address |  | | | |
| Telephone number |  | | | |
| Can we take up this reference after interview? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referee name |  | | | |
| Email address |  | | | |
| Telephone number |  | | | |
| Can we take up this reference after interview? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referee name |  | | | |
| Email address |  | | | |
| Telephone number |  | | | |
| Can we take up this reference after interview? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referee name |  | | | |
| Email address |  | | | |
| Telephone number |  | | | |
| Can we take up this reference after interview? | Yes |  | No |  |

**Additional information**

**Personal statement**

Please refer to the job description and person specification for the post and include examples of how you meet the criteria from either work or personal experience. You may also wish to describe how you are suitable for the role based on Anglia Revenues Partnership core values.

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Please indicate your reasons for applying for this post.

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**Previous convictions**

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) provides that certain spent convictions and cautions are “protected” and need not be declared for employment purposes. Further information is available from the Disclosure and Barring Service website. Convictions and cautions that are not “protected” must be declared below.

**Exception**

Where the job is listed in the Rehabilitation of Offenders Act 1974 (Exceptions) Order, 1975 we require a satisfactory enhanced Disclosure and Barring Service certificate prior to employment. You are asked to declare any convictions and cautions that will appear on the DBS certificate in accordance with our policy.

**Details of convictions and cautions and cases pending**

(Please state n/a if appropriate)

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**Declaration**

Anglia revenues partnership on behalf of the employing authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I declare that to the best of my knowledge the information given in this form is complete and accurate. I also declare that I have read and consent to the ARP Privacy Notice:

[Privacy Statement and Cookies](https://www.angliarevenues.gov.uk/privacy/)

I understand that the canvassing of any Councillor, employee or giving any false information or omitting to give information, may make me ineligible for recruitment or liable to dismissal after employment.

Signed ....................................................... Date .......................................

**Please return your completed application to** [ARPHR@angliarevenues.gov.uk](mailto:ARPHR@angliarevenues.gov.uk) or

**alternatively send it to: Human Resources, Anglia Revenues Partnership, St Nicholas Street, Thetford, Norfolk, IP24 1BT.**

**Information on this part of the application will not be used for shortlisting**

**Monitoring Form**

Anglia Revenues Partnership is committed to Equal Opportunities in employment. Designing and implementing procedures to ensure that potential and present employees are given fair and equitable treatment regardless of gender, ethnic origin, marital status, disability, sexual orientation, faith or age is part of that commitment. To help us monitor the effectiveness of these procedures it is important that you provide the information requested on this survey form.

If you have reason to believe that you have not been fairly treated, and possibly discriminated against (either directly or indirectly) during our recruitment process you should inform the Human Resources department at ARP. A full investigation will be carried out and you will be advised of the result.

**All information given in this form is strictly confidential and will not be considered in any way during the recruitment process.**

|  |  |
| --- | --- |
| Job you are applying for |  |

**Personal details**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |

**Marital status**

Please tick appropriate box

|  |  |
| --- | --- |
| Married |  |
| Single |  |
| Other i.e. widow(er), divorced, separated |  |

**Health concern/Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a health concern or disability relevant to your employment? | Yes |  | No |  |

Under the Equality Act 2010 you are considered disabled if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you meet this definition of disability? | Yes |  | No |  |
| If yes, please state nature of disability |  | | | |
| Would you require any specialised aids/support to enable you to attend a fair interview? | Yes |  | No |  |
| If yes, please provide details |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you require any specialised aids/support to assist you in carrying out your duties? | Yes |  | No |  |
| If yes, please provide details |  | | | |

**Ethnic origin**

Please tick appropriate box

|  |  |
| --- | --- |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Chinese |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British – any other Asian background |  |
| Asian or Asian British – prefer not to say |  |
| Black, African, Caribbean or Black British – African |  |
| Black, African, Caribbean or Black British – Caribbean |  |
| Black, African, Caribbean or Black British – any other background |  |
| Black, African, Caribbean or Black British – prefer not to say |  |
| Mixed or multiple ethnic groups – White and Asian |  |
| Mixed or multiple ethnic groups – White and Black African |  |
| Mixed or multiple ethnic groups –White and Black Caribbean |  |
| Mixed or multiple ethnic groups – any other background |  |
| Mixed or multiple ethnic groups – prefer not to say |  |
| Other ethnic group - Arab |  |
| Other ethnic group – prefer not to say |  |
| Prefer not to say |  |
| White – British |  |
| White – Gypsy or Irish Traveller |  |
| White – White English |  |
| White – White Irish |  |
| White- White Northern Irish |  |
| White – White Scottish |  |
| White – White Welsh |  |
| White – any other white background |  |
| White – prefer not to say |  |
| Any other ethnic group - …………………………………… |  |

**Thank you for taking the time to help in our monitoring process.**