**Post Details**

|  |  |
| --- | --- |
| Vacancy: |  |
| Department: |  | Post No: |

**Personal Details**

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  |
| Post code: |  |
| Telephone: |  |
| Email: |  |
| Do you have a full valid driving license: YES/ NO |
| Do you have access to your own vehicle: YES/ NO |

**Employment History** (Please provide details of your previous work history for a minimum period of 5 years)

|  |  |
| --- | --- |
| Current Job role: |  |
| Organisation: | Oadby and Wigston Borough Council |
| Date From: |  |

|  |  |
| --- | --- |
| Organisation: |  |
| Post Title: |  |
| Date From: |  |
| Date to: |  |
| Brief overview of responsibilities and duties: |  |

|  |  |
| --- | --- |
| Organisation: |  |
| Post Title: |  |
| Date From: |  |
| Date to: |  |
| Brief overview of responsibilities and duties: |  |

**Education, Training and Development** (Please provide details of any relevant academic achievements, certificates, qualifications or membership of professional bodies)

|  |  |  |  |
| --- | --- | --- | --- |
| Educational Establishment | Awarding Body | Qualification and Grade | Date Achieved |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Membership of Professional Bodies:**

|  |
| --- |
|  |

**Evidence of Experience and Skills** (Please demonstrate how you meet the requirements and skills of the Person Specification) Word limit: 600 words.

|  |
| --- |
|  |

**References** (Please provide us with two referees, one which must be from your most recent employer who has knowledge of your working ability and character from the last three years)

Permission to contact referees prior to interview Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Post Title: |  | Post Title: |  |
| Telephone Number: |  | Telephone Number: |  |
| Email Address: |  | Email Address: |  |
| Relationship: |  | Relationship: |  |

**Additional Information**

To your knowledge are you related to any Councillor of the Oadby and Wigston Borough Council or to any of its employees? If yes, please state their name.

Please indicate any dates or times you are not available for interview/ assessment.

**Declarations**

**IMPORTANT** This is an Equal Opportunities Employer. You are asked to complete the monitoring of Employment Practises form. Applications are welcomed form disabled persons who feel they are able to undertake the duties assigned to this post.

**Criminal Convictions**

I understand that some posts, including those of Solicitor, Chartered or Certified Accountant, and those which

involve working with children, elderly, sick or disabled will require me to give details of any criminal convictions.

I confirm that I will provide the information required on a questionnaire when requested and agree it may be

checked against police records.

**Declaration**

I declare that the information given in this application is true. I will not approach any Councillors or employees of the Borough Council in order to advance my application, as I understand this will disqualify me from consideration. Furthermore, I understand that the provision of false information will result in the termination of any contract entered into.

**Signed............................................................ Date............................................................**

**Please return your form to the HR department no later than 12 noon on the closing date. Either email your completed form to** **HR@oadby-wigston.gov.uk****, or alternatively hand your application form in at the HR Office in Room 201.**

**Monitoring of Employment Practises – Private and Confidential**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Date of Birth: |  | Sex (Male or Female) |  |
| Post: |  | Age: |  | Have you ever identified as Transgender: |  |

|  |  |
| --- | --- |
| Have you been convicted of a criminal offence? (other than motoring offences and spent convictions) | Yes No  |
| If yes, please give details |
| Are you eligible to work in the UK and can you provide evidence to support this  | Yes No |
| National Insurance Number:  |  |

**Disability**

|  |  |
| --- | --- |
| I have a disability: (Yes or No) |  |
| If Yes, please state disability: |  |
| Please provide brief details of your needs for interview/ working: |  |

**Ethnicity** (Please type “X” in the category that best describes your ethnic origin)

|  |  |  |
| --- | --- | --- |
| **White** | **Black or Black British** | **Chinese or other Ethnic Group** |
| British |  | Caribbean |  | Chinese |  |
| Irish  |  | African |  | Other  |  |
| Any other White Background |  | Any other Black Background |  | If other Please Specify |
| **Mixed** | **Asian or Asian British** |  |
| White and Black Caribbean |  | Indian |  |
| White and Black African |  | Pakistani |  |  |  |
| White and Asian |  | Bangladeshi |  |
| Any other Mixed Background |  | Any other Asian Background |  |

**Religion** (Please type “X” in the category that best describes your Religion)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Baha’i |  | Parsi |  | Christian |  |
| Jewish |  | Catholic |  | C of E |  |
| Buddhist |  | Hindu |  | Rastafarian |  |
| Muslim |  | Sikh |  | Other |  |

**Sexual Orientation** (Please type “X” in the category that best describes your Sexual Orientation)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Lesbian |  | Gay |  |
| Bisexual |  | Other (Please Specify) |  |

Thank you for your assistance. Your co-operation will help prevent discrimination

Your responses to the Monitoring of Employment Practices forms will be treated with the strictest confidence.