



# Application Form

(School Non-Teaching)



Please complete in black pen. Do not enclose a C.V. or additional documents as these will not be considered.

All sections of the form must be completed. You may attach continuation sheets if necessary.

This form is available, on request, in large print, Braille, on tape or in electronic format

Post applied for:		Ref number:	
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Please ensure you read the City of York Council's policy statement on the Recruitment of Ex Offenders, included in the 'How to apply' guidance, before submitting your application:

I confirm I have read the Recruitment of Ex Offenders policy statement

## Personal Details

Title *	<input type="text"/>	Surname*	<input type="text"/>
Forename*	<input type="text"/>	Forename 2	<input type="text"/>
Preferred name	<input type="text"/>	Previous surname	<input type="text"/>
National Insurance number	<input type="text"/>		

## Address Details

House Name/Number	<input type="text"/>		
Street	<input type="text"/>		
Area	<input type="text"/>	Town/City	<input type="text"/>
County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

## Contact Details

Our preferred method of contact is by Email. Please provide an Email address

## Employment history

- Please provide your full employment history starting with your present or most recent position.
- All periods of unemployment or gaps must be accounted for in the 'Gaps in Employment' section.
- If you do not have any previous employment history, please enter n/a.
- Use additional sheets to add further entries.

**Current or last job title**

Employment start date

Employment end date

Company Name

House Name

Number/Street

Area

Town/City

County

Postcode

Country

Job details  
(please  
provide a  
brief  
description  
if the role)

Reason for  
leaving

Salary on  
leaving

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**Job Title (2)**

Employment start date

Employment end date

Company Name

House Name

Number/Street

Area

Town/City

County

Postcode

Country

Salary on leaving

Brief Job  
details

Reason for  
leaving

**Job Title (3)**

Employment start date

Employment end date

Company Name

House Name

Number/Street

Area

Town/City

County

Postcode

Country

Salary on leaving

Brief Job  
details

Reason for  
leaving

Please use continuation sheet(s) for additional jobs if necessary.

## Employment history gaps

Please account for any gaps, of three months or more, in your employment history including any travel abroad with dates.

Gap start date

Gap end date

Please give details

Gap start date

Gap end date

Please give details

Please use additional sheets for additional gaps if necessary.

## Education and Qualifications

- Please provide details of qualifications relevant to this application.
- Please enter details from the most recent to the earliest.
- Qualifications will be verified on appointment.

Place of learning

Institution type

Qualification level

Subject	Grade	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of learning

Institution type

Qualification level

Subject	Grade	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Place of learning

Institution type

Qualification level

Subject

Grade Date

Subject	Grade	Date

Please use continuation sheet(s) for additional qualifications if necessary.

## Professional Memberships

Please give details of any professional memberships that are relevant to the post applied for, stating your level of membership, the date obtained and expiry or renewal date. If applicable, please include your membership or registration number.

Membership name

Membership level

Membership number

Start date

Expiry date

## Training

Please enter details of any training undertaken that you feel is relevant to your application.

## **Supporting Information**

- Please use the following section to address each point on the skills and knowledge section of the Job Description. You should provide information, examples and evidence to illustrate how you feel you meet the criteria for the job.
- The length of this statement should be no longer than one A4 page of text.

## References

- Please enter details of two referees who can provide a reference. One of the referees must be your present employer, or if you are unemployed, your most recent employer.

- As this position involves working with children or vulnerable adults any number of previous employers may be contacted, without seeking further permission from you, as part of the vetting process, in relation to your employment history. This includes vetting of internal candidates.

**Reference 1**

Title  Surname

Forename  Reference Type   
(delete as applicable)

Email address

Telephone

Company Name

Position in company

Number/Street

Area  Town/City

County  Postcode

Country

**Reference 2**

Title  Surname

Forename  Reference Type   
(delete as applicable)

Email address

Telephone

Company Name

Position in company

Number/Street

Area  Town/City

County  Postcode

Country

**Declarations of criminal records, cautions and convictions**



Posts involving work which brings you in regular contact with children, vulnerable adults, people with disabilities and learning difficulties. are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (ROA)

This means that you must disclose information about any spent or unspent convictions and cautions when applying for this post *except* where they are protected convictions and cautions as described in article 2A of the ROA 1974 (Exceptions) order 1975.

CYC will check information relating to prospective employees through the Disclosure & Barring Service (DBS). Having a criminal record will not necessarily prevent your employment.

Please see the 'How to apply' guidance for further information about what you need to disclose to us.

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### **Are you barred from working with children?**

Are you, or have you ever been, barred from working with, or been included on a list of people barred from working with, children, young people or vulnerable adults?

Yes  No  If yes please give details

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### **Investigations**

Have you ever been the subject of any proven/unproven investigation(s), complaints(s) in relation to your work with children, young people or vulnerable adults, whether in a paid or voluntary capacity of carried out privately?

Yes  No  If yes please give details

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### **Criminal background**

Do you have any convictions, cautions, reprimands or final warnings that are not protected as defined by the ROA 1974 (Exceptions Order) 1975 (as amended in 2013)?

Yes  No  If yes please give details

## Additional details

### Guaranteed interview scheme

We guarantee, under the 'Positive about Disabled People' scheme, an interview for all applicants with a disability who meet the minimum criteria on the job description.

Are you a disabled person applying on that basis? Yes  No

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### Job share

The City of York Council welcomes individuals to apply on a job-share basis (unless specified otherwise in the job advert). Please indicate below if you wish to be considered for a job share.

Are you applying for this post on a job share basis? Yes  No

*(Job sharing is different to part time working – see the How to Apply guidance for further information)*

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### Relationship with the council

Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council?

Yes  No

If yes  
please give  
details

### Applicant status

For monitoring purposes please indicate if you are already an employee of City of York Council.

Yes  No

*(Work with York /City of York Trading workers, Explore, Be Independent and Veritau employees are not considered CYC employees).*

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### Availability for interview

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.

Unavailable dates

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### Eligibility to work in the UK

Do you need permission to work in the UK?

Yes  No

If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.

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### How did you hear about this job?

- |                                   |                          |                                |                          |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| Internal advertising              | <input type="checkbox"/> | Linkedin                       | <input type="checkbox"/> |
| City of York Council jobs website | <input type="checkbox"/> | Facebook                       | <input type="checkbox"/> |
| Jobs fair                         | <input type="checkbox"/> | Twitter                        | <input type="checkbox"/> |
| Universal Jobmatch/Job centre     | <input type="checkbox"/> | National Apprentice Website    | <input type="checkbox"/> |
| Word of mouth                     | <input type="checkbox"/> | NHS jobs                       | <input type="checkbox"/> |
| Community Care                    | <input type="checkbox"/> | Children's Social Work Matters | <input type="checkbox"/> |
| School website                    | <input type="checkbox"/> |                                |                          |

Other – please give details

## Declaration

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

Signed

Print name

Date

Please indicate if you are happy for us to contact you about your application, via the details provided on your application form, for purposes of the Recruitment & Selection process.

Yes  No

On occasions we may need to contact you for feedback regarding the Recruitment & Selection process. Please indicate if you are happy for us to do this.

Yes  No

*(See the 'How to apply' guidance for further information on the above consent questions)*

## **Equal Opportunities Monitoring**

**The following pages will be removed and will not be seen by those shortlisting or interviewing applicants.**

## Equal Opportunities Monitoring (confidential)

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.

Thank you for helping us to continue to improve our policies and practices.

Post applied for

Ref number

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**Gender:** Male  Female  Prefer not to say

Do you identify yourself as trans? Yes  No  Prefer not to say

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**Date of Birth:**

**Age:**

**Nationality:**

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**Ethnic Origin:**

Prefer to not say

**White:**

- British
- Irish
- Other White background

**Mixed Race:**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background

**Asian or Asian British:**

- Indian
- Pakistani
- Bangladeshi
- Other Mixed background

**Black or Black British:**

- Caribbean
- African
- Other Mixed background

**Other Ethnic Groups:**

- Any other background
- Chinese or other ethnic group Chinese

**Equal Opportunities Monitoring (contd)**

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**Disability Information:**

The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

**Do you consider yourself to be disabled?**

- Yes  No  Prefer to not say

If you tick "Yes" , please tick as many boxes below as apply:

- Physical impairment** (such as using a wheelchair to get around and / or difficulty using arms, legs etc)
- Sensory impairment** (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition** (such as depression or bipolar)
- Learning disability** (such as Downs syndrome or dyslexia or cognitive impairment such as autism or one resulting from head-injury)
- Long-standing illness or health condition** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other**

If yes please give details

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**Sexual orientation:**

- |                                                  |                                              |
|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Heterosexual / Straight | <input type="checkbox"/> Lesbian / Gay woman |
| <input type="checkbox"/> Homosexual / Gay man    | <input type="checkbox"/> Bisexual            |
| <input type="checkbox"/> Not specified           | <input type="checkbox"/> Prefer not to say   |

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## Equal Opportunities monitoring (contd)

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### Marital status

- |                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Married           | <input type="checkbox"/> Partner           |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Single            |
| <input type="checkbox"/> Divorced          | <input type="checkbox"/> Separated         |
| <input type="checkbox"/> Widowed           | <input type="checkbox"/> Prefer not to say |

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### Religion

- |                                            |                                   |
|--------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Baha'i            | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian         | <input type="checkbox"/> Hindu    |
| <input type="checkbox"/> Jain              | <input type="checkbox"/> Jewish   |
| <input type="checkbox"/> Muslim            | <input type="checkbox"/> Sikh     |
| <input type="checkbox"/> No Religion       | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Prefer not to say |                                   |

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### Carer responsibilities

City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends?

Yes  No  Prefer not to say

If yes please tick the appropriate box:

Carer for:

- |                                           |                                                       |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Elderly relative | <input type="checkbox"/> Friend                       |
| <input type="checkbox"/> Relative         | <input type="checkbox"/> Young relative (under 18yrs) |





CITY OF  
**YORK**  
COUNCIL

