

CONFIDENTIAL

Ack'd	Refs	Interview	Appt. Offered	Medical	Contract Issued

APPLICATION FOR EMPLOYMENT

(Please complete **ALL SECTIONS** in your own handwriting (writing 'refer to CV' will not suffice) and include an up-to-date C.V.)

Please refer to the attached notes before completing this form.

Applications received after the closing date/time will **NOT** be considered.

Subject to the Control of Employment Legislation, Douglas Borough Council is committed to providing equality of opportunity for all job applicants.

On completion please return this form: -
Marked Job Application, Private & Confidential, to

Miss K J Rice, Chief Executive
Town Hall, Douglas, Isle of Man, IM99 1AD

POSITION APPLIED FOR

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms) _____ Surname _____ Forenames _____

Maiden name (if applicable) _____

Address _____
_____ Post Code _____

Daytime Tel. No. Work _____ Home _____

Evening Tel. No. Work _____ Home _____

Email Address _____
(N.B. calls to work numbers will be made discreetly)

National Insurance Number _____ Are you aged 16 – 64? Yes No

WORK PERMIT INFORMATION (please refer to the guidance notes when completing this section)

Are you an Isle of Man Worker as defined in the Control of Employment Acts? Yes No

If **Yes**, under which section of the guidance notes do you qualify?

A	B	C	D	E	F	G	H
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If **No**, when did you take up residence? _____ month _____ year

If married, does your partner hold a Work Permit? Yes No

If **Yes**, which type 3A Full

EDUCATION (List details of GCSE's, GNVQ's, A Levels and Degrees, etc.) (continue on a separate sheet if necessary)

Secondary school/ College/University, etc.	From - To	Subjects	Qualifications Obtained	Grades

WORK-RELATED SKILLS (Please detail all N/SVQ Certificates, Diplomas, etc, you have obtained that have been job related. Include details of licences you hold. Please specify when awarded, organising body, grades (if relevant) and the time it took to obtain the qualification).

OTHER SKILLS

(Computer literacy (specify software) and Any other skills that may be relevant to the job for which you have applied)

PRESENT (LAST) EMPLOYER DETAILS

Name of Employer _____

Address _____

_____ Post Code _____

Your job title _____

Full time/Part time _____

Date joined company _____

Date appointed to present (last) job _____

Salary/Wage (current or on leaving) _____

Notice required _____ weeks/months

Date left, and reason (if applicable) _____

Details as to the nature of your work. Please include details of responsibilities and achievements.

PREVIOUS EMPLOYMENT (commencing with current/most recent post – continue on a separate sheet if necessary)

Employer's Name(s)	Your Job Title	Type of Business	From - To	Reason for leaving

REFERENCES

Please provide the names and addresses of two persons from whom references may be obtained. Your first referee must be your present/most recent employer, or course tutor if leaving full time education.

- **Internal** candidates must give contact details of their current Line Manager, and may give additional names if desired.
- **External** candidates should not give the names of relatives or Members or Employees of the Borough Council for references.

Referee names should not be given without the consent of the person concerned.

Employment/Education Reference

May we approach this referee prior to interview?

Yes

*No

Name _____

Address _____

_____ Post Code _____

Email Address _____

Second Reference

May we approach this referee prior to interview?

Yes

*No

Name _____

Address _____

_____ Post Code _____

Email Address _____

If you have indicated *no we will only approach a referee if you are successful in being offered the position and on you giving your express permission.

CRIMINAL OFFENCES

Do you hold a criminal conviction that is **not considered spent** in accordance with the Rehabilitation of Offenders Act 2001?

Yes No

Are you currently the subject of any criminal proceedings?

Yes No

If the answer to either question is **Yes**, then please supply details on a separate sheet.

The following question is only for vacancies considered exempt under the Rehabilitation of Offenders Act

(please refer to the terms and conditions of the vacancy for details as to whether or not it is considered exempt)

Have you ever been convicted of a criminal offence?

Yes No

(If **Yes**, please supply details on a separate sheet)

OTHER INFORMATION

Do you hold a full, current UK/Isle of Man valid Driving Licence?

Yes No

From which publication/source did you learn about this position? _____

RELATIONSHIP TO COUNCIL EMPLOYEE OR ELECTED MEMBER

You must state if you are related to or have a close personal relationship with an employee or Elected Member of Douglas Borough Council as it may affect the make-up of the interview panel.

(If not applicable please indicate by using N/A)

Name of employee / elected member _____

Relationship _____

HEALTH

Please state details of sickness absence from work or education during the past two years.

No. Absences	Total No. Days
<input type="text"/>	<input type="text"/>

Are you disabled? Yes No

(If the answer to either question is YES please supply details on the sheet overleaf, including any assistance you may need to attend for interview).

DECLARATION

I declare that to the best of my knowledge the information contained in this form and my C.V. is true and accurate. I understand that if any of the details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated.

I accept the terms of this offer and agree to abide by them. I also understand that from time to time Douglas Borough Council may wish to process any personal information (as periodically updated) contained within this document for personnel administration and management purposes. This may include transfer of data to appropriate third parties. I understand that where this is the case, processing and transfer of data will take place in accordance with the provisions of the Data Protection Act 2018. By signing this form I acknowledge that I will be providing Douglas Borough Council with my consent to these uses.

I hereby give permission for a police check to be carried out if I am offered an appointment or if considered appropriate.

Signature _____ **Date** _____

DOUGLAS BOROUGH COUNCIL wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2017, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form marked 'Strictly Confidential' to

**HUMAN RESOURCES SECTION
TOWN HALL, RIDGEWAY STREET, DOUGLAS
ISLE OF MAN, IM99 1AD**

Gender Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual
 Prefer not to say If other, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
 Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
 Annualised hours Job-share Flexible shifts Compressed hours
 Homeworking Prefer not to say If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)
 Primary carer of disabled child/children
 Primary carer of disabled adult (18 and over) Primary carer of older person
 Secondary carer (another person carries out the main caring role)
 Prefer not to say