

APPLICATION FOR EMPLOYMENT**APPLICATION FOR POST OF: CHIEF EXECUTIVE AND CLERK TO THE BOARD**

All sections of the form must be completed and all questions answered by deletion as applicable. If you require more space please continue on a separate sheet marked with the section number to which it refers.

The Board is required to collect data for the purpose of monitoring equal opportunities. The collated information is held anonymously. A separate form is attached at the end of the application for this purpose and this should also be fully completed (section 14).

SECTION 1 – PERSONAL INFORMATION

Surname: _____ Other Names: _____

Designatory Initials: _____

Address: _____

Contact Details (please tick preferred method of contact)

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email Address: _____

Period of notice required by present employer: _____

Nationality: _____

Are there any restrictions to your residency in the UK which might affect your right to take up employment in the UK?
YES / NO - if yes please provide details: _____

If you are successful in your application do you require a work permit prior to taking up employment? **YES / NO**

Do you have any special needs requirements in attending for interview? **YES / NO** – If yes please provide details

Where did you find out about this vacancy: _____

SECTION 2 – CRIMINAL CONVICTIONS

Do you have any criminal convictions except those which are 'spent' under the Rehabilitation of Offenders Act 1974? (Please note that if you fail to disclose a criminal conviction which is not spent and which would have had a material influence on whether or not the Board would have offered you the position the Board reserves the right to withdraw any offer of employment or terminate your contract of employment) **YES / NO** – If yes please provide details: _____

SECTION 3 – DRIVING LICENCE

Do you hold a current driving licence **YES / NO**

Is your driving licence – **FULL / PROVISIONAL / CAR / MOTORCYCLE**

Do you have any endorsements or disqualifications (current or pending prosecution) **YES / NO**. If yes please give details. _____

SECTION 4 – EDUCATION, TRAINING AND PROFESSIONAL QUALIFICATIONS

Professional Body			Membership Grade	Year Attained
University, College, School etc	Subjects	Qualifications	Grades	Year

SECTION 5 – PERSONAL AND PROFESSIONAL DEVELOPMENT

Please mention any Personal and Continued Professional Development (include any courses, training, self study, membership, voluntary work, responsibilities or any other interests which you consider relevant with outcomes where applicable).

SECTION 6 – CURRENT OR MOST RECENT EMPLOYMENT

Employers Name and Address	Job Title	Reason for Leaving	Period	
			From	To

Please summarise the main duties and responsibilities of your current or most recent job noting any key achievements or experience gained.

Please state your current level of remuneration together with any benefits and allowances.

SECTION 7 – PREVIOUS EMPLOYMENT

Employer	Job Title	Reason for leaving	Period	
			To	From

SECTION 8 – RELEVANT SKILLS KNOWLEDGE AND EXPERIENCE (TECHNICAL)

In this section you are asked to outline how you feel your knowledge, skills and experiences meet the competencies required for this role. You should draw on you experiences from your current or previous roles or from other relevant situations (such as activities outside work).

Please continue on a separate sheet if necessary, giving section number and title heading

Public Sector Finance and Administration

Engineering Asset and Project Management

IT Systems Operations and Adaptation

SECTION 9 – RELEVANT SKILLS, KNOWLEDGE AND EXPERIENCE (MANAGERIAL)

In this section you are asked to outline how you feel your knowledge, skills and experiences meet the competencies required for this role. You should draw on your experiences from your current or previous roles or from other relevant situations (such as activities outside work).

Please continue on a separate sheet if necessary, giving section number and title heading

Leadership and Communication

Managing Human Resources and Team Working

Managing and Organising including Change Process

SECTION 10 – MEDICAL INFORMATION

Do you have any health condition, or disability, that we need to take account of during the selection process?

Please advise of access requirements, selection test adjustments, or potential job adjustments that you can foresee

Days lost through illness in the last 3 years: _____

Are you willing to undergo medical examination prior to appointment to confirm fitness and capability for job function?
YES / NO

The above information will be used to make appropriate arrangements during the selection process, and to assess your fitness and capability to carry out the role.

SECTION 11 - REFERENCES

Please provide the names of two independent referees. At least one of these should be your present or most recent employer. Please note that all job offers are subject to the Board seeking and gaining satisfactory references in order to validate the contents of your application and comments passed at interview. By signing this application you are agreeing to these references being taken up. Please indicate whether you **GIVE / DO NOT GIVE** permission to take up references prior to an offer of employment being made.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone Number:	Telephone Number:
Capacity:	Capacity:
Organisation:	Organisation:

SECTION 12 DATA PROTECTION STATEMENT

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third party via your pay-slip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing this application form you are agreeing to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.

SECTION 13 - DECLARATION

I declare that the information I have given in this application is accurate and true. I consent to the agreements specifically stated at Sections 11 and 12 above. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.

Signature: _____ Print Name: _____

Date: _____

Please return completed application form marked PRIVATE AND CONFIDENTIAL to:

Mr P Clark, Clerk to the Board, Market Weighton Drainage Board, Burnby Hall, Pocklington, York, YO42 2QF

SECTION 14 – EQUAL OPPORTUNITIES MONITORING

This section of the application will be detached from your application and will be used solely for monitoring purposes

Confidential

Post Title: _____ Reference Number: _____

1. Gender	<input type="checkbox"/> Male
	<input type="checkbox"/> Female

2. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

3. Ethnic Origin	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
	<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian British
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other

4. Disability	Do you consider yourself to be disabled under the Disability Discrimination Act?	<input type="checkbox"/> Yes
	(The Disability Discrimination Act (1995) defines disability as “a physical or mental impairment which has a substantial and adverse effect on a person’s ability to carry out day to day activities”.)	<input type="checkbox"/> No
	If yes what is the nature of your disability? (optional)	

5. Age Range	<input type="checkbox"/> 16 – 24	<input type="checkbox"/> 25 – 34	<input type="checkbox"/> 35 – 44
	<input type="checkbox"/> 45 – 54	<input type="checkbox"/> 55 – 64	<input type="checkbox"/> 65 +

The information you have provided here will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of our recruitment regarding Equal Opportunity issues.