

APPLICANT NUMBER (Official Use Only)

# Application for the post of: Cleaner – Bridge Street toilets

Please complete the form in **black ink**.

This front sheet (Page 1) and the equal opportunities monitoring form (Page 2) will be detached upon arrival.

The front sheet will not be used during the shortlisting process. The equal opportunities monitoring form will only be used to produce anonymous information to help the Council monitor its policy.

Name:

Full Address (including postcode):

Telephone:

Email:

Please provide the name, address and telephone numbers of two referees. One should be your most recent or present employer. Personal referees are acceptable where there is no previous employer. Please state their relationship to you (eg employer, friend). If you are invited for interview these references may be taken up before your interview, unless you request otherwise on this form.

| Name:   | Name:   |
|---|---|
| Address (including postcode):                             | Address (including postcode):                             |
| Relationship:   | Relationship:   |
| Can the referee be contacted prior to interview: YES / NO | Can the referee be contacted prior to interview: YES / NO |

I apply for the above post and confirm the information I have supplied is accurate. I understand that the inclusion of false information or the omission of relevant information may lead to dismissal.

| Signed: | Date: |
|---------|-------|
|         |       |

APPLICANT NUMBER (Official Use Only)

### EQUAL OPPORTUNITIES MONITORING FORM

This information will be treated in the strictest confidence and will be used only for statistical monitoring, It is not part of the selection process and will be separated from the application form prior to shortlisting.

Bedale Town Council is committed to equal opportunities for all, irrespective of age (except normal retirement age), caring responsibilities, class, colour disability, gender, geographical location, marital status, mental health, nationality, parental status, racial origin, religious belief, sexuality or unrelated criminal conviction.

So that we can monitor the implementation of our policy, we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities, if you would complete this monitoring form.

Date of Birth:

Do you consider yourself to be a disabled person?: YES/NO

| Ethnic Group (using the same categories as the 2001 Census). Choose one section from A to E to best indicate your cultural background |                               |                       |
|---|-------------------------------|-----------------------|
| A White   |                               |                       |
| □ White British   | □ White Irish                 |                       |
| $\Box$ Any other white background – please write in:  |                               |                       |
| B Mixed   |                               |                       |
| White and black Caribbean   | □ White and black African     |                       |
| $\Box$ White and Asian  | □ Any other mixed backgrour   | nd – please write in: |
| C Asian or Asian British  |                               |                       |
| 🗆 Indian  | 🗆 Pakistani                   | 🗆 Bangladeshi         |
| □ Any other Asian background – please write in:   |                               |                       |
| D Black or black British  |                               |                       |
| 🗆 Caribbean   | □ African                     |                       |
| □ Any other black background – pleas  | se write in:                  |                       |
|   |                               |                       |
| E Chinese   |                               |                       |
|   | □ Any other – please write in |                       |
| Where did you see the post advertise  | sed?                          |                       |
| where did you see the post duverti  | 500:.                         |                       |
|   |                               |                       |

#### APPLICANT NUMBER (Official Use Only)

## EMPLOYMENT

Please give details with most recent first – continue on a separate sheet if necessary:

| Employer | Post Held & Duties | From | То |
|----------|--------------------|------|----|
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |
|          |                    |      |    |

# **OTHER RELEVANT EXPERIENCE (Paid, Unpaid or as a Volunteer)**

Please give details – continue on a separate sheet if necessary:

| Organisation | Experience Gained | From | То |
|--------------|-------------------|------|----|
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |
|              |                   |      |    |

# EDUCATION AND TRAINING

Please give details including any qualifications gained, with the most recent first

| Institution | Course/Qualifications | From | То |
|-------------|-----------------------|------|----|
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |
|             |                       |      |    |

Please state why you are applying for this post and what you would bring to it, making particular reference to the job description and person specification.

Please return completed application in an envelope clearly marked "APPLICATION" to: Bedale Town Council, Room 13, Bedale Hall, North End, Bedale, N. Yorks DL8 1A,

OR by email to clerk@bedale-tc.gov.uk