

# Thank you for applying for a position with Newport City Council

The information requested in this form is important in assessing your application. Please complete it accurately and in full. A CV on its own will not be accepted as an application but can be included to supplement the application form.

To help reduce our costs, we do not automatically acknowledge receipt of application forms or write to applicants not selected for interview. If you do not hear anything within 6 weeks of the closing date, please assume that your application has been unsuccessful.

It is normally Council policy not to employ individuals who have reached age 65. However, if this is not the case with this particular post, it will be indicated within the recruitment pack.

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Please complete in black ink and refer to application guidance for additional information



# Job Application

Section 1 - Post Details	Job title of post applied for:				
	Unique reference number (not applicable if downloaded from internet):				
	Reference number of vacancy for which you are applying:				
	Please indicate where you saw the post advertised below:				
	<input type="checkbox"/>	Press/Publication - Please specify:		<input type="checkbox"/>	Job centre Plus
	<input type="checkbox"/>	Internet- Please specify:		<input type="checkbox"/>	Word of mouth
If other, please specify:					

Section 2 - Personal Details	Surname		Forename(s)			
	Address					
	Post Code					
	Home Telephone	(Code)	(No.)			
	Business Telephone	(Code)	(No.)	Extension		
	Mobile Telephone					
	E-mail Address					
	National Insurance Number					
	Do you need a work permit to work in the UK?			Yes	<input type="checkbox"/>	No

The Council operates under the Positive about Disabled People Scheme and applications from people with disabilities are welcomed by the Council. This scheme guarantees an interview to people with disabilities if they satisfy the essential criteria for the post.



### Declaration

I have a disability & wish to be given a guaranteed interview under the Council's commitment to the Positive about Disabled People (please check box)

Section 3 - Education & Training	<b>Proof of qualifications may be required at interview</b>			
	Date to & from Month/Year	Schools, Colleges, Training Centres attended - including part time	Qualifications gained or pending (state subject & level)	Grade

Section 4 – Present/most recent employment	Name and address of present or most recent employer:			
	Dates of employment From (month/year):		To (month/year):	
	Job Title and brief description of duties/responsibilities:			
	Reason for wanting to leave		How many employees do you supervise?	
	Salary		Salary	
Job Title of immediate supervisor		Period of notice		

Section 5 - Previous employment	<b>Please enter in reverse date order and include any training placements, temporary unpaid or voluntary work experience</b>				
	Dates to & from Month/Year	Employer's Name & Address	Job Title & Salary	Brief Description of Duties	Reason for leaving

Professional Membership	<b>Membership of Professional Bodies</b>			
	Body	Grade of Membership	Whether by exam	Date

Section 6 - Other relevant information and experience	<p><b>The information you provide in this section is important in assessing your application. Please use the space to:</b></p> <ul style="list-style-type: none"> <li>state your reasons for applying for the post;</li> <li>relate your skills, experience, and personal qualities and training you have received to the requirements of the job which are contained in the job description and job requirement form.</li> </ul> <p>For advice on completing this section please read the document 'Applying for a job in Newport' on <a href="http://www.newport.gov.uk/jobs">www.newport.gov.uk/jobs</a></p>

Section 7 – Miscellaneous	Are you related to any Member or employee of Newport City Council?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If so, please state name and relationship.				
	Have you been convicted of a criminal offence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, please give details including dates except spent convictions under the Rehabilitation of Offenders Act				
	Information regarding CRB Disclosures is attached.				

Section 7 – Miscellaneous (continued)	Do you hold a full valid driving licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If it is a non UK licence, please specify country of issue	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you hold a full valid HGV Licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you hold a full valid PSV Licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If you have any driving endorsements and/or penalty points please detail:				

Section 8 - References	<b>Please give the names of two persons to whom reference may be made in respect of your application. The first should be from your last employer (or Head Teacher if a school leaver). The Council requires references to be supplied from all previous employers over the last 3 years. Please supply the names of additional references on a separate sheet.</b>				
	<b>Referees are only contacted if candidates are to be interviewed. The Council reserves the right to contact any previous employer.</b>				
	Name		Position		
	Address				
	Telephone Number		E-mail		
	If you do not wish this referee to be contacted until a provisional offer of employment is made, please tick this box				<input type="checkbox"/>
	Name		Position		
	Address				
Telephone Number		E-mail			
If you do not wish this referee to be contacted until a provisional offer of employment is made, please tick this box				<input type="checkbox"/>	

Section 9 - Declaration	The information you have provided on this form is subject to the Data Protection Act 1998. It will be held by the Council for recruitment purposes. If you are appointed this information will be retained for the duration of your employment with the Council. If you are not appointed your information will be kept for a period of 12 months following the appointment decision after which it will be destroyed.			
	I am happy for Newport City Council to disclose my name, date of birth and national insurance number to Jobcentre Plus			
YES		<input type="checkbox"/>	NO	
		<input type="checkbox"/>		

**Declaration**

I declare that the information given in this application is complete and true, that I have not canvassed (either directly or indirectly) any Member or Senior Officer of Newport City Council and will not do so.

Signed		Date	
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Application Checklist	Please ensure that you have referred to the guidance notes and complete and return the following:	
	• Have you identified which vacancy (Job Title & Unique Reference/Job Reference Number) you are applying for on the application form?	<input type="checkbox"/>
	• Have you completed and included the equal opportunities form? Please ensure it includes the Job Title and Unique Reference/Job Reference Number (You may wish to place this in a separate envelope)	<input type="checkbox"/>
	• Have you provided details of at least two referees that cover your last three years of employment?	<input type="checkbox"/>
	• Have you read the declaration above and dated your application form?	<input type="checkbox"/>
	• If you have chosen to include additional information, have you attached this to your application form?	<input type="checkbox"/>

**PLEASE LEAVE THIS PAGE BLANK AND CONTINUE TO  
THE EQUAL OPPORTUNITIES FORM BELOW**

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# Equal Opportunities Monitoring Form



**Data Protection Act 1998**

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by the Council solely to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisations except in pursuance of our statutory obligations.

Could you please complete this form and return it with your application form. It will be separated from the Application Form on receipt. Officers involved in the selection process do not at any stage have access to the data collected. However, should you have any concerns, please insert the Monitoring Form into an envelope, write the Job Reference Number on the outside of the envelope and return with the application form. We would assure you that this envelope would not be opened until the conclusion of the recruitment process.

Unique reference number (not applicable if downloaded from internet)			
Reference number of vacancy for which you are applying			
Job title of post applied for			
<b>Please tick appropriate boxes below</b>			
Service Groupings	Corporate Services	<input type="checkbox"/>	Environment & the Economy
		<input type="checkbox"/>	Lifelong Learning & Leisure
		<input type="checkbox"/>	Social Services
My gender is (please tick appropriate box)	Male	<input type="checkbox"/>	Female
		<input type="checkbox"/>	
How would you describe your ethnic origin	<b>White</b>		<b>Mixed</b>
	British	<input type="checkbox"/>	White & Black Caribbean
	Irish	<input type="checkbox"/>	White & Black African
	Any other white background	<input type="checkbox"/>	White & Asian
	Please specify below:		Any other mixed background
			Please specify below:
<b>Asian or Asian British</b>		<b>Black or Black British</b>	<b>Chinese or Other ethnic group</b>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Please specify below:	Please specify below:
Please specify below:			

(These categories are those used in the 2001 census and are recommended for use by the Commission for Racial Equality)

Ages	16-19	<input type="checkbox"/>	20-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
Are you a disabled person?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>										

The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.