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| **BICESTER TOWN COUNCIL** |
| Application for the post of: |  |
| Where did you see this post advertised? | Click or tap here to enter text. |
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| PERSONAL DETAILS |
| Title:  | Choose an item. | Date of Birth | Click or tap to enter a date. |
| Surname | Click or tap here to enter text. | Forenames | Click or tap here to enter text. |
| Full Address*(multi-line)* | Click or tap here to enter text. | Post Code | Click or tap here to enter text. |
| Home Tel No | Click or tap here to enter text. | Mobile No | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | NI Number | Click or tap here to enter text. |
| Are you related to any Elected Members or employees of Bicester Town Council? | Yes [ ]  | No [ ]  |
| If YES please give name(s) and relationship | Click or tap here to enter text. |
| Do you have a current driving licence?  | Yes [ ]  No [ ]  | If YES Licence Status |  Full [ ]  Prov [ ]  |
| If you have a disability which you wish to be taken into account in the recruitment process, please give brief details on a separate page. You are not required to declare any disability that you may have at this stage of the recruitment process.  |
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| **DECLARATIONS** |
| Rehabilitation of Offenders Act 1974. Candidates need not give details of spent offences except where the post is exempt from the Rehabilitation of Offenders Act 1974. If you are applying for a post which is exempt from the Rehabilitation of Offenders Act 1974 this will be specified in the job details and a criminal record check through the Criminal Records Bureau may be required before an appointment is confirmed. |
| Have you any unspent criminal convictions | Yes [ ]  No [ ]  | **If YES**, please give brief details below:- |
| Date | Click or tap to enter a date. | Nature of offence | Click or tap here to enter text. |
| Court | Click or tap here to enter text. |
| Sentence | Click or tap here to enter text. |
| I understand that canvassing of any Members of Bicester Town Council in connection with any appointment shall disqualify the candidate.I understand that a medical examination may be necessary in connection with this post and that appointment is subject to satisfactory medical clearance.I declare that the information given in this application is to the best of my knowledge true and complete.**Data Protection** Bicester Town Council is the Data Controller under the new data protection law and will only use your personal information for purposes relating to your employment with us.The legal basis for processing the data is:* Carrying out of a contract to which you are a party;
* Our legal obligation under employment legislation;
* The performance of a task carried out in the public interest; and
* For the purposes of our legitimate interests, but only if these are not overridden by your interests, rights or freedoms.

We will only keep your information for the minimum period necessary. If you are unsuccessful we will keep your information for six months. If you are employed your information will be kept for six years after termination of employment. All information will be held securely and destroyed under confidential conditions.Signed   Date   |
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| **EDUCATION** |
| Name of school, college, university, organisation etc. | Examinations taken or to be taken INCLUDING RESULTS (with grades) and details of any courses attended. You may be asked to produce evidence of examination results *(multi-line)*  |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **PRESENT OR MOST RECENT EMPLOYMENT** |
| Name of Employer | Click or tap here to enter text. |
| Full Address of Employer including postcode *(multi-line)* | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
| Date of appointment  | Click or tap to enter a date. | Present Salary | Click or tap here to enter text. |
| Period of notice required (if applicable) |  Click or tap here to enter text. | Reason for leaving (if applicable) | Click or tap here to enter text. |
| Please give a brief description of your major duties and responsibilities *(multi-line)*: |
| Click or tap here to enter text. |
|  |
| **PREVIOUS EMPLOYMENT** (most recent first)  |
| Employer | Dates | Post Title and Nature of Duties*(multi-line)* |
| From | To |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** You may be asked to produce evidence of membership |
| Institution or Society | Class of membership | Date obtained | State if by examination | Prizes or awards |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **RELEVANT EXPERIENCE AND SKILLS**Using the person specification to guide you, please give details of any experiences and skills that you feel are relevant to the post. Include, if appropriate, details of experiences and skills gained in previous roles and any other areas such as temporary work, voluntary work, studies or spare time activities.You may continue on a separate sheet if necessary *(multi-line)* |
| Click or tap here to enter text. |
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| **REFERENCES**   |
| Please give the names and addresses of two people, who are not relatives and with whom you do not have or have not had a close personal relationship, one of whom should be your present employer, or last employer, if not currently employed. If you are a student, then your head teacher or tutor should be named.  |
| **REFEREE 1**May we contact this referee without further authority from you? | Yes [ ]  No [ ]  |  |
| Name | Click or tap here to enter text. |
| Address *(multi-line)* | Click or tap here to enter text. |
| Tel No | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| In what capacity does this person know you? | Click or tap here to enter text. |
| **REFEREE 2**May we contact this referee without further authority from you? | Yes [ ]  No [ ]  |  |
| Name | Click or tap here to enter text. |
| Address *(multi-line)* | Click or tap here to enter text. |
| Tel No | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| In what capacity does this person know you? | Click or tap here to enter text. |