



# Application for employment

Title of post applied for	
---------------------------	--

## Personal Details

Surname	
First Name	
Title	
Home address	
Postcode	
Telephone	Home
	Mobile
	Business
Email address	

## Present (or last) Employment

Job title	
Employer's name	
Employer's address	
Start date	
Current salary	
Leaving date (if applicable)	
Reason for leaving or wishing to leave	

## Present (or last) Employment – continued

Description of duties and responsibilities	
Line Managers Job Title	

## Previous Employment

*(Please detail your employment history for approximately 10 years)*

Employer	
Job title	
Main duties	
From	
To	
Reason for leaving	

Employer	
Job title	
Main duties	
From	
To	
Reason for leaving	

Employer	
Job title	
Main duties	
From	
To	
Reason for leaving	

## References

*Please give the names and addresses of two people, not relatives, one of whom should be your present employer (or most recent employer if you are not working). If you are in (or just leaving) full time education please quote your tutor/head teacher as appropriate. In other circumstances please quote someone who knows you well enough to comment on your suitability for the job*

Reference 1	
Name	
Address	
Telephone number	
Occupation	
Relationship	
Can we contact this referee prior to interview?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Reference 2	
Name	
Address	
Telephone number	
Occupation	
Relationship	
Can we contact this referee prior to interview?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Please state any dates that you will not be available for interview

Are you related by blood, marriage or cohabitation to any Members of the Council, any other person appointed to one of the Council's Committees or Sub-Committees or any Council Employee?

By reference to the Person Specification, please outline briefly such details of your employment experience, responsibilities, skills and achievements, including any voluntary/community based activities and/or leisure interests, which provide evidence of your suitability for this appointment.

School / College / University*	
From	
To	
*Qualifications gained with grades	
What professional body are you a member of?	
* you will be required to provide evidence of your qualifications.	

### Additional Details

Do you hold a full driving licence?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Are you in receipt of a Government pension?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have evidence of your right to live and work in the UK?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you require a work permit?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you have any unspent convictions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If yes, please give details unless exempt under the Rehabilitation of Offenders Act 1974	

### Declaration

I declare that the details I have given are true, complete and correct. I understand any false statement or omission on this application form will lead to my being dismissed if appointed to the post. I consent to the above personal data being processed for the purposes of recruitment and selection.	
I agree with the statement above <input type="checkbox"/>	
Signed	
Date	

**Human Resources, Epsom & Ewell Borough Council**  
 Town Hall, The Parade, Epsom, Surrey. KT18 5BY  
 tel: 01372 732000  
 email: [recruitment@epsom-ewell.gov.uk](mailto:recruitment@epsom-ewell.gov.uk)  
[www.epsom-ewell.gov.uk](http://www.epsom-ewell.gov.uk)



# Equal Opportunities Monitoring Form

## Equal opportunities Policy Statement

Epsom & Ewell Borough Council is an Equal Opportunities Employer. We are committed to a Policy of treating all employees and job applicants equally and fairly and will ensure that no potential or current employee is treated less favourably on the grounds of race, colour, ethnic or national origin, sex, sexual orientation, disability, religious or political beliefs or age. Neither shall they be disadvantaged by condition so requirements which cannot be shown to be justifiable.

To assist us in the monitoring of our performance in relation to equal opportunities, please complete the following questionnaire so that meaningful statistics may be gathered.

## Equal opportunities monitoring form

**The questionnaire is for statistical purposes only. The information will be kept in strict confidence and will not form part of your application.**

*Data collected on applicants who are unsuccessful will be confidentially destroyed 6 months after the selection interviews take place.*

Position applied for	
Surname	
Forenames	

Please answer the following questions by ticking the appropriate box

### 1 Your Gender

Female <input type="checkbox"/>	Male <input type="checkbox"/>
---------------------------------	-------------------------------

### 2 Your Ethnicity

<b>(a) White</b>	<b>(b) Mixed</b>
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>
	White and Asian <input type="checkbox"/>
Any other White background (please write below)	Any other mixed background (please write below)
<b>(c) Asian or Asian British</b>	<b>(d) Black or Black British</b>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>

Pakistan <input type="checkbox"/>	African <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	
Any other Asian background (please write below)	Any other Black background (please write below)
<b>(e) Chinese or Other Ethnic Group</b>	<b>(f) Other</b>
Chinese <input type="checkbox"/>	
Any other Chinese background <input type="checkbox"/> - Please write below	Any other ethnic group <input type="checkbox"/> - Please write below

### 3 Your Disability Status

The Equality Act 2010 states that “a person has a disability for the purposes of the Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities.” For further information please call the Equality and Human Rights Commission on 0845 604 6610)

Do you believe you have a disability according to the Act?

Yes

No

If yes please give brief details

Indicate whether you wish the interviewing panel to have this information? Yes/No (please delete as appropriate)

This information is requested so that special consideration can be given to disabled candidates with experience and/or qualifications relevant to the post

### 4 Your Age

Please tick the relevant box

16-24  25-34  35-44  45-54  55-64  65+

### 5 Your Religion or Belief

No religion

Jewish

Christian

Sikh

Hindu

Baha'i

Muslim

Buddhist

Jain

Rastafarian

Any other religion or belief (please write below)

--	--

## 6 Your Sexual Orientation

Heterosexual/straight

Bisexual

Gay man

Gay woman/lesbian

Prefer not to say

## 7 Your Marital Status

Married

Single

Divorced/Separated

Civil Partnership

Prefer not to say

Widowed