

Employment history: (please complete in full and use a separate sheet if necessary)

Date From _____ To _____ Job Title _____

Rate of pay _____ Name and address _____

Duties _____

Reason for leaving _____

Date From _____ To _____ Job Title _____

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Duties _____

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Date From _____ To _____ Job Title _____

Rate of pay _____ Name and address _____

Duties _____

Reason for leaving _____

Notice Required _____

Membership of professional bodies – please give details of any professional bodies you are a member of or are registered with

Other Employment – please give details of any other employment that you would continue with if successful in your application

References – Please give the names and addresses of two persons from whom we may obtain both character and work experience references and in what capacity they are known to you i.e. manager/education

1. _____

2. _____

Criminal Record – Please note any criminal convictions except those “spent” under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure and Barring Certificate from the Disclosure and Barring Service/Disclosure Scotland

Leisure – please note here your leisure interests, sports, hobbies and other pastimes

General Comments: Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of the role as summarised in the person specification. (Continue on a separate sheet if required)

Declaration – please read this carefully before signing this application

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the Council reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my employee file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service/Disclosure Scotland for a Disclosure and Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the Council, any offer of employment may be withdrawn or my employment terminated.

Signed: _____ Dated _____