

CONFIDENTIAL

NEW DEAL JOB APPLICATION FORM

Please read carefully the guide before completing this form

Please return this form to:

Application for the post of **Post ref**

1. PERSONAL DETAILS

Surname Title Forenames

Previous Surname(s)

Home Address

.....

..... Post Code:.....

Tel. Numbers Home Work

Mobile: E-mail address:

National Insurance Number:

2. HEALTH

Do you have or have you had any illness or medical condition which may prevent you from attending work regularly in the future? Yes No If you have answered "Yes" Please give details below.

.....

How many days work have you lost through illness or medical condition in the last 3 years?

.....

3. PRESENT OR MOST RECENT EMPLOYMENT

Post Held:

Dates of Employment: From: To:

3. PRESENT OR MOST RECENT EMPLOYMENT (Continued)

Name and address of employer

.....

Notice required (if employed) Pay per week/year £

Please give a brief outline of the duties and responsibilities of the post

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4. EMPLOYMENT HISTORY – Please indicate where you have worked previously

Dates From To	Employer's Name	Post Title	Pay	Reason For Leaving
.....
.....
.....
.....
.....
.....
.....

5. YOUR QUALIFICATIONS – (a) Please indicate any qualifications you hold

Qualification Held	Grade	Date Achieved/Obtained
.....
.....
.....
.....
.....
.....

(b) Please give details of any other skills you possess which may be relevant to the work:

.....

(c) Please give details of any courses you have attended during the last 3 years:

.....
.....
.....

6. REFEREES

Please supply the names, addressees, e-mail address and telephone numbers of two referees, one of which must be your present or most recent employer. If you have not previously worked, please give the name of a responsible person who knows you well. PLEASE NOTE: Councillors and relatives must not act as referees.

Name
Address
Relationship Tel. No
E.mail

Name
Address
Relationship Tel. No
E.mail

7. PLEASE GIVE REASONS WHY YOU WANT TO WORK IN THIS JOB? Please note that your response should relate to the Person Specification for this post.

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.....
.....
.....

8. ADDITIONAL INFORMATION

(a) Are you related to, or a partner of a Councillor or Senior Officer of the Council?

Yes No

If you ticked "Yes", please state the name and your relationship:
.....
.....
.....

8. ADDITIONAL INFORMATION (Continued)

b. Do you have any unspent convictions under the Rehabilitation of Offenders Act 1974?

Yes No

If you have ticked "Yes", please provide details below;

.....

(c) Do you hold a full current driving licence? Yes No

If you have a current licence is it:

Car Motor Cycle: Passenger Carrying Vehicle: Large Goods Vehicle:

(d) If currently employed, do you have any employment other than your main job?

Yes No

If you have ticked "Yes", please provide details below;

.....

(e) Are you claiming a guaranteed interview? (Please refer to A Guide to completing the job Application Form)

(i) Because you have a disability Yes No

(ii) Because you are a New Deal Applicant Yes No

(f) Do you wish to apply for this post on the basis of any of the Council's Flexible Working Schemes, eg Job-Share, Reduced Hours, Term Time Working, Compressed Hours Working?

Yes No

9. DECLARATION

I declare that the information set out in this application form is true in all respects and I understand that the provision of false information may render me liable for dismissal, if appointed. I am also aware that canvassing of Councillors and Officers of the Council, either directly or indirectly will disqualify me.

Signed _____

Date _____

Data Protection Act 1998 – Information provided by you will be held and automatically processed as data on a computer system. The Council will take all reasonable precautions to ensure its confidentiality and to comply with the principles contained in the Act. In order to aid the prevention of fraud in the administration of public funds, the information may be compared with other personal data held by the Council and may also be used for cross authority comparison purposes.

NEW DEAL APPLICATION FORM

JOB CENTRE PLUS

NEW DEAL ADVISOR CERTIFICATION

Name of Client:

Address of Client:

.....

.....

Option Provider/Partner

Job Centre Office:

New Deal Advisor Name:

I can confirm that the person named above meets the competencies required for this vacancy because:-

(New Deal Advisor to complete)

New Deal Advisor signature: Date

Contact telephone number:

NEW DEAL APPLICANT

New Deal 18-24	
New Deal 25+	
New Deal 50 Plus	
New Deal for Lone Parents	
New Deal For Disabled	