**Please complete in black pen.**

**Application Form**

(Standard)

Do not enclose a C.V. or additional documents as these will not be considered.

**All sections of the form must be completed. You may attach continuation sheets if necessary.**

Please read the ‘How to apply’ guidance for more information.

**This form is available, on request, in large print, Braille on tape or in electronic format**

|  |  |
| --- | --- |
| Post applied for: | Waste Services Loader |
| Reference number: | PLAC |

I confirm that I have the How to apply guidance

|  |
| --- |
| **Personal Details** |

|  |  |  |  |
| --- | --- | --- | --- |
| Title \* |  | Surname\* |  |
|  |  |  |  |
| Forename\* |  | Forename 2 |  |
|  |  |
| Preferred name |  | Previoussurname |  |
|  |  |
| National Insurance number |  |

|  |
| --- |
| **Address Details** |

|  |  |
| --- | --- |
| House Name/Number |  |
|  |  |
| Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |   |
|  |  |
| Country |  |

**Contact Details –** our preferred method of contact is email.

|  |
| --- |
|  |

|  |
| --- |
|  |

Email address

Telephone number

|  |
| --- |
| **Employment history** |

* Please provide your full employment history starting with your present or most recent position.
* All periods of unemployment or gaps must be accounted for in the 'Gaps in Employment' section.
* If you do not have any previous employment history, please enter N/A.
* Use additional sheets to add further entries.

|  |  |
| --- | --- |
| **Current or last job title** |  |
|  |  |
| Employment start date |  | Employment end date |  |
|  |  |
| Organisation Name |  |

|  |  |
| --- | --- |
| House Name/Number |  |
|  |  |
| Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |  |
|  |  |
| Country |  |

|  |  |
| --- | --- |
| Job details(please provide a brief description of the role) |  |

|  |  |
| --- | --- |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Salary on leaving |  |
|  |  |
| **Job Title (2)** |  |
|  |  |
| Employment start date |  | Employment end date |  |
|  |  |
| Organisation Name |  |

|  |  |
| --- | --- |
| House Name/Number |  |
|  |  |
| Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |  |
|  |  |
| Country |  |  Salary on leaving |  |

|  |  |
| --- | --- |
| Brief Job details  |  |

|  |  |
| --- | --- |
| Reason for leaving |  |
|  |  |
| **Job Title (3)** |  |
|  |  |
| Employment start date |  | Employment end date |  |
|  |  |
| Organisation Name |  |

|  |  |
| --- | --- |
| House Name/Number |  |
|  |  |
| Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |  |
|  |  |
| Country |  |  Salary on leaving |  |

|  |  |
| --- | --- |
| Brief Job details |  |

|  |  |
| --- | --- |
| Reason for leaving |  |
|  **Employment history gaps** |

Please account for any gaps, of three months or more, in your employment history including any travel abroad with dates.

|  |  |  |  |
| --- | --- | --- | --- |
| Gap start date |  | Gap end date |  |

|  |  |
| --- | --- |
| Please give details |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gap start date |  | Gap end date |  |

|  |  |
| --- | --- |
| Please give details |  |

Please use additional sheets for additional gaps if necessary.

\_

|  |
| --- |
| **Education and Qualifications** |

* Please provide details of qualifications relevant to this application.
* Please enter details from the most recent to the earliest.
* Please note that qualifications will be verified on appointment.

|  |  |
| --- | --- |
| Place of learning |  |
|  |  |
| Institution type |  |

|  |  |
| --- | --- |
| Qualification level |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Subject | Grade | Date |
|  |  |  |  |

|  |  |
| --- | --- |
| Place of learning |  |
|  |  |
| Institution type |  |

|  |  |
| --- | --- |
| Qualification level |  |
|   | Subject | Grade | Date |
|  |  |  |  |

|  |  |
| --- | --- |
| Place of learning |  |
|  |  |
| Institution type |  |

|  |  |
| --- | --- |
| Qualification level |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Subject | Grade | Date |
|  |  |  |  |

|  |
| --- |
|  |

Please use continuation sheet(s) for additional qualifications.

|  |
| --- |
| **Professional Memberships** |

Please give details of any professional memberships that are relevant to the post applied for, stating your level of membership, the date obtained and expiry or renewal date. If applicable, please include your membership or registration number.

|  |  |
| --- | --- |
| Membership name |  |

|  |  |
| --- | --- |
| Membership level |  |

|  |  |
| --- | --- |
| Membership number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date |  | Expiry date |  |

|  |
| --- |
| **Training and Development** |
| Please enter details of any training and/or development undertaken that you feel is relevant to your application. |
| **Supporting Information** |
| 1. **Please tell us about any experience you have in waste services, working with the public or other relevant experience**
 |
|  |
| 1. **At the City Of York Council, Health and Safety is embedded in to all of the work that we undertake.**
2. **What is your understanding of Health and Safety?**
3. **Can you give me an example of health and safety in the work place?**
4. **What is your understanding of Personal Protective equipment (PPE) and why we use it?**
 |
| a)b)c) |
| 1. **The wastes services roles mean that you are visible to residents and elected members on a daily basis. This means we expect a high standard of personal conduct and behaviours as you are representing the City of York Council.**

**What do you think would be expected of you when representing CYC as part of this frontline service?**  |
|  |
|  |
| **References** |

You must provide the details including name, address and telephone number or email address of two people who can provide a reference. One of the referees must be your present or if you are not currently employed your most recent employer. Referees should not be a relative and, ideally, should both be able to comment on your suitability for this post. Please indicate the type of reference provided in each case.

**Reference 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
|  |  |  |  |
| Forename |  | Reference Type (delete as applicable) | Employment/Character |
|  |
| Email address |  |
|  |  |
| Telephone |  |

|  |  |
| --- | --- |
| Organisation name |  |
|  |  |
| Position in organisation |  |
|  |  |
| Number/Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |   |
|  |  |
| Country |  |

**Reference 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
|  |  |  |  |
| Forename |  | Reference Type (delete as applicable) | Employment/Character |
|  |
| Email address  |  |
|  |  |
| Telephone |  |

|  |  |
| --- | --- |
| Organisation name |  |
|  |  |
| Position in organisation |  |
|  |  |
| Number/Street |  |
|  |  |
| Area |  | Town/City |  |
|  |  |
| County |  | Postcode |   |
|  |  |  |  |
|  | Country |  |

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| --- |
| **Guaranteed Interview Schemes** |

**To be eligible to apply under any of our guaranteed interview schemes you must meet the minimum criteria for the job.

By this we mean that you must provide us with evidence in your application form which demonstrates that you generally meet the level of competence required for each element within the skills and knowledge section within the job description.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disabled people**

As a 'Disability Confident' employer we will guarantee an interview for all applicants with a disability.

The Equality Act 2010 states that someone is disabled if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities. Please see 'How to apply' guidance for further information.

|  |
| --- |
| Are you a disabled person applying on this basis? Yes **[ ]** No **[ ]**  |

**Children and Young People in Care**

As part of York's pledge to Children and Young People in Care, we will guarantee an interview for all looked after children or those care leavers who have been in care with City of York Council and are aged 25yrs or under.

Are you a care leaver or young person in care applying on this basis? Yes **[ ]** No **[ ]**

**­­­­­­­­­­­­­­­­­­­­­­­**

**­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Armed forces community**

As part of our commitment to the Armed Forces Community Covenant we will guarantee an interview for any veterans and their spouses. (A veteran is anyone who has served, at any time and for any period, in Her Majesty's Armed Forces).

Are you a veteran or a spouse of a veteran applying on this basis? Yes **[ ]** No **[ ]**

|  |
| --- |
|  |
|  |
|  |
| **Declaration of criminal records** |

Criminal records are only taken into account when the conviction is relevant. Do not disclose convictions which are spent under the Rehabilitation of Offenders Act 1974. An “unspent” will not necessarily bar you from employment as this will depend on the circumstances and background to your offence(s).

Do you have any criminal convictions which are not spent?

|  |  |  |
| --- | --- | --- |
| Yes **[ ]** No **[ ]**  | If yes please give details |  |

|  |
| --- |
| **Additional details** |

**Job share**

The City of York Council welcomes individuals to apply on a job-share basis (unless specified otherwise in the job advert). Please indicate below if you wish to be considered for a job share.

|  |
| --- |
| Are you applying for this post on a job share basis? Yes **[ ]** No **[ ]** *(Job sharing is different to part time working – see the How to Apply guidance for further information)* |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship with the council**

Are you related to any employee of City of York Council or do you have any substantial connection with any employee of City of York Council?

|  |  |  |
| --- | --- | --- |
| Yes **[ ]** No **[ ]**  | If yes please give details |  |

**­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant status**

For monitoring purposes please indicate if you are already an employee of the City of York Council (If you work for Explore or Veritau you are not a CYC employee)

Yes **[ ]** No **[ ]** Bottom of Form

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Availability for interview**

Please indicate any dates on which it would be impossible for you to attend an interview. Whilst the dates you provide will be taken into consideration, please note that it may not be possible to accommodate everyone's request when arranging interviews.

|  |  |
| --- | --- |
| Unavailable dates |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility to work in the UK**

Do you need permission to work in the UK?

|  |  |
| --- | --- |
| If yes please give details |  |

Yes **[ ]** No **[ ]**

If your permission is limited, please provide full details of your immigration status, renewal dates and any other relevant information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about this job?**

Internal advertising **[ ]** LinkedIn [ ]

City of York Council jobs website [ ]  Facebook [ ]

Jobs fair [ ]  Twitter [ ]

Universal Jobmatch/Job centre **[ ]** National Apprentice Website [ ]

Word of mouth **[ ]** NHS jobs [ ]

Community Care [ ]  Children’s Social Work Matters [ ] City of York Council job alert [ ]  Indeed [ ]

Guardian [ ]

Other – please give details

|  |
| --- |
|  |

|  |
| --- |
| **Declaration** |

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content.

I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

|  |  |
| --- | --- |
| Signed (applicant) |  |
|  |  |
| Print name |  |

|  |  |
| --- | --- |
| Date |  |

|  |
| --- |
| **CONSENT** |

**Under General Data Protection Regulations we are obliged to ask for your consent for us to contact you via the details you have supplied on your application form.**

Please indicate if you are happy for us to contact you about your application, via the details provided on your application form, for purposes of the Recruitment & Selection process.

Yes **[ ]** No **[ ]**

On occasions we may need to contact you for feedback regarding the Recruitment & Selection process. Please indicate if you are happy for us to do this.

Yes **[ ]** No **[ ]**

You have the right to withdraw your consent for us to process your data at any time. For further information see the ‘How to apply guidance’

**Equal Opportunities Monitoring**

**The following pages will be removed and will not be seen by those shortlisting or interviewing applicants.**

|  |
| --- |
| **Equal Opportunities Monitoring** |

**City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.**

**The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.**

**Thank you for helping us to continue to improve our policies and practices.**

|  |  |
| --- | --- |
| Post applied for |  |

|  |  |
| --- | --- |
| Ref number |  |

**Sexual identification:** Male [ ]  Female [ ]  Unspecified [ ]

Do you identify yourself as trans? Yes [ ]  No [ ]  Prefer not to say [ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:** **Nationality:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Ethnic Origin:**Please tick the appropriate box to indicate your ethnic background:Prefer to not say [ ]  |
| **White:**[ ]  British[ ]  Irish[ ]  Other White background**Mixed Race:**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Other Mixed background | **Asian or Asian British:**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Other Asian background**Black or Black British:**[ ]  Caribbean[ ]  African[ ]  Other Black background  |
| **Other Ethnic Groups:**[ ]  Other ethnic background[ ]  Chinese or other ethnic group Chinese |  |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Information:**

The Equality Act 2010 states that someone is disabled if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities. Please see 'How to apply' guidance for further information.

**Do you consider yourself to be disabled?**

[ ]  Yes [ ]  No Prefer to not say [ ]

If you tick “Yes”, please tick as many boxes below as apply:

[ ]  **Physical impairment** (such as using a wheelchair to get around and / or difficulty using arms, legs etc)

[ ]  **Sensory impairment** (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

[ ]  **Mental health condition** (such as depression or bipolar)

[ ]  **Learning disability** (such as Downs’s syndrome or dyslexia or cognitive impairments such as autism or one resulting from head-injury)

[ ]  **Long-standing illness or health condition** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

[ ]  **Other**

If yes please give details

|  |
| --- |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sexual orientation:**

[ ]  Heterosexual / Straight [ ]  Gay woman/lesbian

[ ]  Gay man [ ]  Bisexual

[ ]  Not specified [ ]  Prefer not to say

|  |
| --- |
| **Equal Opportunities Monitoring (contd)** |

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**Marital Status:**

[ ]  Married [ ]  Partner

[ ]  Civil Partnership [ ]  Single

[ ]  Divorced [ ]  Separated

[ ]  Widowed [ ]  Prefer not to say

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion:**

[ ]  Baha’i [ ]  Buddhist

[ ]  Christian [ ]  Hindu

[ ]  Jain [ ]  Jewish

[ ]  Muslim [ ]  Sikh

[ ]  Catholic [ ]  No Religion

[ ]  Any other religion or belief [ ]  Prefer not to say

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carer responsibilities:**

City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends? Yes [ ]  No [ ]  Prefer not to say [ ]

If yes please tick the appropriate box: Carer for:

[ ]  Elderly relative [ ]  Friend

[ ]  Relative [ ]  Young relative (under 18yrs)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Armed Forces Community**

To enable us to monitor applications from the Armed Forces community please indicate if you are part of this.

Are you a member of the armed forces community?

Yes [ ]  No [ ]  Prefer not to say [ ]

If yes please tick the appropriate box:

[ ]  Reservist [ ]  Regular personnel

[ ]  Veteran [ ]  Family of regular personnel, reservists or veterans

[ ]  Bereaved