



POST APPLIED FOR:

ADMINISTRATION ASSISTANT

PERSONAL DETAILS

Surname:

First name(s):

Former or changed name(s):

National Insurance Number:

Current Address:

Home Tel:

Mobile Tel:

Email:

Post Code:

Please indicate your preferred method of contact:

Email () Home Tel: () Mobile Tel: ()

Can we contact you during working hours? Yes / No

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

Are there any dates that you will not be available for interview?

Do you need a work permit to work in the UK? Yes / No

BRIEFLY EXPLAIN WHAT ATTRACTS YOU TO THE ROLE

CURRENT EMPLOYER (OR IF NOT IN EMPLOYMENT YOUR LAST EMPLOYER)

Employer's name	Position held
Employer's address	Date started
	Date finished
	Reason for leaving
	Salary

Brief description of duties, responsibilities etc

(continue on separate sheet if necessary)

PLEASE DETAIL ANY RELEVANT PAID OR VOLUNTARY WORK – please list most recent first

From	To	Name and address of employer	Position and brief description of duties	Reason for leaving

(continue on separate sheet if necessary)

REFERENCES

Give the names, addresses and telephone numbers of two referees. One must be your current employer or, if you are currently out of work, your last employer. References from friends or purely social acquaintances are unacceptable.

Name
Position
Relationship
Address
Postcode
Telephone No.
Permission to contact prior to interview Yes/No

Name
Position
Relationship
Address
Postcode
Telephone No.
Permission to contact prior to interview Yes/No

CRIMINAL RECORDS

Criminal Convictions (Rehabilitation of Offenders Act)

You are required to disclose any convictions that are current (not 'spent' under the Rehabilitation of Offenders Act 1974).

Have you ever been convicted of a criminal offence or received a Police Caution?

Yes / No

Having an unspent conviction will not necessarily bar you from employment. This will depend upon the circumstances and background to your offence(s). Criminal records will only be taken into account when the conviction is relevant.

CRIMINAL RECORDS DECLARATION

I confirm that I **am not** on Section 142 of the Education Act, disqualified or barred from working with children and/or vulnerable adults, or subject to sanctions imposed by a regulatory body and have no convictions, cautions, reprimands, warnings or bind-overs.

SIGNED..... **DATE**.....

RELATIONSHIPS AND CANVASSING

Please declare below any family or close relationship with an existing employee or councillor of Ashington Town Council.

CANVASSING OR NON-DECLARATION WILL DISQUALIFY APPLICANTS

DECLARATIONS

I declare that the information given above is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers could disqualify me from consideration, or, in the event of my appointment, make me liable to summary dismissal and possible referral to the police. If appointed I give my consent under the Data Protection Act 1998 for Ashington Town Council to retain and to make reasonable use of the personal information I have provided in connection with its employment policies, procedures and practices.



SIGNED..... **DATE**.....

**This page is blank to allow the confidential Recruitment Monitoring Form
to be separated from your application form prior to shortlisting**

STRICTLY CONFIDENTIAL

RECRUITMENT MONITORING FORM

This form will be separated from your application form upon receipt and will not be part of the selection process.

Application for the post of:

Ashington Town Council aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation or religious belief. In order to monitor the effectiveness of our equality policies, the Council requests that all applicants complete this form. In accordance with the Data Protection Act 1998, the information you will provide will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our policies.

What is your Ethnic Group

Choose ONE section from A to F, then tick the appropriate box.

A. White

British

Irish

Any other White background, please state:

D. Black or Black British

Caribbean

African

Any other Black background, please state:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please state:

E. Chinese or other ethnic group

Chinese

Other, please write in

F. I do not wish to provide this information.

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Sikh

Any other Asian background, please state:

Gender

Male Female
 Non-Binary Transgender
 Prefer to not say

Date of Birth

(dd/mm/yyyy) Age: _____

Do you have a disability? Please tick one box.

- | | |
|---|---|
| 00 - None. <input type="checkbox"/> | 06 - You have mental health difficulties. <input type="checkbox"/> |
| 01 - You have a specific learning difficulty (for example dyslexia). <input type="checkbox"/> | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. <input type="checkbox"/> |
| 02 - You are blind or partially sighted. <input type="checkbox"/> | 08 - You have two or more of the above. <input type="checkbox"/> |
| 03 - You are deaf or hard of hearing. <input type="checkbox"/> | 09 - You have a disability, special need or medical condition that is not listed above. <input type="checkbox"/> |
| 04 - You use a wheelchair or have mobility difficulties. <input type="checkbox"/> | 10 - I do not wish to provide this information. <input type="checkbox"/> |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome. <input type="checkbox"/> | |

What is your sexual orientation?

- | | |
|--|--|
| Bisexual <input type="checkbox"/> | Heterosexual/Straight <input type="checkbox"/> |
| Gay Man <input type="checkbox"/> | Other <input type="checkbox"/> |
| Gay Woman/Lesbian <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |

What is your religion/faith/belief?

- | | | | | |
|------------------------------------|-----------------------------------|--|---|---------------------------------|
| Christian <input type="checkbox"/> | Buddhist <input type="checkbox"/> | Hindu <input type="checkbox"/> | Jewish <input type="checkbox"/> | Muslim <input type="checkbox"/> |
| Sikh <input type="checkbox"/> | None <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> | |

Media

Please state where you saw this post advertised:
