



JOB APPLICATION FORM

<p>NORTH YORKSHIRE COUNTY COUNCIL</p> 	<p>Please write in capital letters in Black Ink or type. Please do not include a CV:</p> <p>Application for the post of:.....</p> <p>.....</p> <p>Directorate:.....</p> <p>Business Unit/School:.....</p> <p>.....</p> <p>Reference No:..... (For Office Use Only)</p>	 <p>Do you consider yourself to have a disability? (Please refer to the Guidance Notes)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are you applying under the New Deal Initiative?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If so, please enclose a photocopy of your marketing voucher.</p>
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PERSONAL DETAILS

Surname:	Forename(s):
Address:	Tel No Home:
Post Code:	Work:
	Date of Birth:
Do you hold a current Driving Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you prepared to use your car or do you have access to a car for County Council business purposes? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION (INCLUDING FURTHER/HIGHER EDUCATION)

Secondary School/College/University	Examinations taken or to be taken	Date	Results (with grades)

MEMBERSHIP OF PROFESSIONAL BODIES

Please list below any Institution or Society of which you are a member, the class of membership, the date obtained and state if by examination.

PRESENT EMPLOYMENT

(Do not complete this section if you are not currently employed)

Name of Employer:

Address of Employer:

Post Code:

Employer's Tel No:

Post Held:

Salary/Grade:

Date of Appointment:

Notice Required:

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)

(Please give your complete employment history and continue on a separate sheet if necessary)

Dates To/From	Post Held and Grade	Name and Address of Previous Employers	Reason for leaving

VOLUNTARY/UNPAID ACTIVITIES

Time Input	Position Held	Organisation	Brief details of duties (can be expanded in next section)

RELEVANT EXPERIENCE

Please read the job description and person specification carefully, then explain how your knowledge, skills and experience relate to this post. These may have been gained through paid employment, domestic responsibilities, voluntary/community work, spare time activities and training (Do not use more than two continuation sheets).

REFERENCES

Please give the names and addresses of two referees (not relatives), one of whom should be your present employer (or last employer if not currently employed). If you are in, or have just completed, full-time education, one referee should be from your School/College/University.

Name:

Address:

Position Held:

Telephone:

Name:

Address:

Position Held:

Telephone:

May your referee be approached prior to interview?
 YES NO

May your referee be approached prior to interview?
 YES NO

DECLARATIONS

Are you related to any Member or any Senior Officer of the County Council? YES NO

or

If you are applying to a school, are you related to a member of the School Governing Body?
 If so, please give name(s) and relationship: YES NO

I understand that canvassing of any Governors or Members or Officers of North Yorkshire County Council in connection with this appointment will disqualify me.

Have you been convicted of a criminal offence? YES NO

If yes, please give details on a separate sheet (please read notes of guidance before completing this section).

Please give brief details of any absences of three days or more which you have had in the last five years due to sickness.

Are there any dates when you would not be available for interview, e.g. holidays?.....

I declare that all information given in support of my application is, to the best of my knowledge, correct. I also understand that to knowingly give false information or failing to disclose convictions, cautions or matters pending may, in the event of employment, result in dismissal or disciplinary action.

I understand that a number of clearances including a medical examination may be necessary in connection with this post and that my appointment will be subject to satisfactory clearances being obtained.

Signed:..... Dated:.....

Please return the completed form in an envelope marked "Confidential" to

Closing date:

NOTE: This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.