

# APPLICATION FOR CASUAL WORK (CONFIDENTIAL)

Job Title:	Casual Post Title:		
To be returned to:		Elizabeth Llabres Bradford Museums & Galleries elizabeth.llabres@bradford.gov.uk Bradford Industrial Museum, Moorside Mills, Moorside Road BD2 3HP	
Telephone No:	07976545037	Closing date:	
Fax No:			

## IMPORTANT NOTE

Thank you for requesting an Application Form for the above casual post. Please read the following notes before completing the form. If you require assistance with this form, feel free to contact the address above.

Please:-

- read ALL enclosed information, particularly the Job Description and Personnel Specification before completing the form
- complete the form using black/dark blue ink or type for photocopying purposes
- give all the information you can about yourself and tell us why you think you are suitable for the casual post. Please indicate how you meet the requirements of the Personnel Specification in the specific sections provided on this form
- complete the Monitoring Information on the back sheet and sign the declaration
- use only the two additional information sheets as necessary – we do not encourage the submission of CV's
- return to the address shown above on or before the closing date

Your full Name and postal address (please print in block capitals):          E-mail:	Telephone No's where you can be contacted. Day:  Evening:  Mobile:  Fax:  How do you wish to be addressed in correspondence? MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> or OTHER (Please state):
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## REFERENCES

It is our policy to take up references for those shortlisted. Please give names and addresses of two referees who know you well enough to comment on your suitability for the casual post. One of them must be your present or most recent employer. If you have not been previously employed, give the name of a responsible person who knows you well, but is not a relative. Please state in which capacity you know each referee. **An offer of casual work will not be made until satisfactory references have been received.**

Give your former name if different from that above, to ensure we are asking for the correct reference.

Your Former Name and Job Title (if applicable)
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NAME OF REFEREE AND JOB TITLE or STATUS (e.g. teacher, friend)	ADDRESS FOR CONTACT	MAY WE APPROACH THEM BEFORE INTERVIEW?	
1 Name:  Status: Tel No: Fax No: E-mail:	Post Code:	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
2 Name:  Status: Tel No: Fax No: E-mail:	Post Code:	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

## EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications. Please note that if you are appointed to a casual post where qualifications are an essential requirement you will be asked, before your appointment is confirmed, to present the original copies issued to you by the examining body (photocopies will not be acceptable).

EDUCATION AND QUALIFICATION DETAILS	RESULTS/ GRADES OBTAINED	WHERE OBTAINED	HOW OBTAINED (FULL TIME) (PART TIME) (CORRESPON)	DATE FROM	DATE TO

### PROFESSIONAL QUALIFICATIONS/MEMBERSHIP

QUALIFICATION/PROFESSIONAL BODY	LEVEL	DATE ATTAINED	CURRENT MEMBERSHIP STATUS

### TRAINING AND DEVELOPMENT

List all relevant training courses undertaken including practical, in-house, commercial and special training courses. Include any apprenticeships, training schemes, evening classes and adult education.

COURSE AND TRAINING DETAILS	RESULTS/ GRADES OBTAINED	WHERE OBTAINED	HOW OBTAINED (FULL TIME) (PART TIME) (RESIDENTIAL)	DATE FROM	DATE TO

Do you have a current driving licence? Car  M/C  HGV class  Others: \_\_\_\_\_

### LANGUAGE SKILLS

Which languages other than English do you speak and/or write? (please tick if fluent)

Speak <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>	Write <input type="checkbox"/>
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Please indicate whether you use Sign Language  Indicate B.S.L. level

## EMPLOYMENT HISTORY CURRENT (most recent) EMPLOYMENT

EMPLOYER'S NAME AND ADDRESS	POSITION HELD	DATE		REASON FOR WISHING TO LEAVE
		FROM	TO	
Tel No	Salary/Wage	No Hrs worked		
Brief note of Duties and Responsibilities:				
Length of Notice?				

## PREVIOUS EMPLOYMENT Please give a complete history detailing any breaks in employment.

EMPLOYER'S NAME AND ADDRESS	POSITION HELD	F/T OR P/T HRS	SALARY/WAGE	DATE FROM	DATE TO	REASON FOR LEAVING

Under the requirements of the Asylum and Immigration Act, are you currently eligible to work in the UK? YES  NO

## ADDITIONAL INFORMATION

Use the space below to show you have the skills, knowledge and experience to do the casual post (as described in the Job Description and Personnel Specification). You may also wish to include details of home based work, work in the community or with voluntary groups and your leisure interests to support your application. (Use up to two separate sheets as necessary).

**EQUAL RIGHTS**

As an Equal Rights employer the Council seeks a workforce which reflects the community it serves and is committed to providing equality of access to employment and development opportunities for people from all parts of the community. All applications will be considered on merit. To ensure this policy is carried out effectively, we ask all applicants to provide the information requested on this page. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

**YOUR PERSONAL DETAILS**

Are you a current employee of Bradford Council?		
Date Of Birth		Age
Male	<input type="checkbox"/>	Please Tick
Female	<input type="checkbox"/>	
National Insurance Number		

**DISABILITY**

The Equality Act 2010 defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.

Do you consider yourself to have a disability as defined above?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Are there any arrangements you would like the Council to make if you are interviewed?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE:* The Council has adopted a positive approach to the Equality Act 2010 and it is our policy to interview all people with disabilities as defined in the act, who meet the essential shortlisting requirements of the post as described in the Job Description/Personnel Specification. If you need further information or clarification on these job requirements please contact the Human Resources Department.

**ETHNIC CLASSIFICATION**

I would describe myself as (Please Tick):

White	English	1	<input type="checkbox"/>
	Scottish	2	<input type="checkbox"/>
	Welsh	3	<input type="checkbox"/>
	Irish	4	<input type="checkbox"/>
	Any Other White	5	<input type="checkbox"/>
Mixed	White & Black Caribbean	6	<input type="checkbox"/>
	White & Black African	7	<input type="checkbox"/>
	White & Asian	8	<input type="checkbox"/>
	Any Other Mixed	9	<input type="checkbox"/>
Asian or Asian British	Indian	10	<input type="checkbox"/>
	Pakistani	11	<input type="checkbox"/>
	Bangladeshi	12	<input type="checkbox"/>
	Kashmiri	13	<input type="checkbox"/>
	Any Other Asian	14	<input type="checkbox"/>
Black or Black British	Caribbean	15	<input type="checkbox"/>
	African	16	<input type="checkbox"/>
	Any Other Black	17	<input type="checkbox"/>
Other Ethnic Groups	Chinese	18	<input type="checkbox"/>
	Any Other Ethnic Group	19	<input type="checkbox"/>

**NOTE:** These categories have been recommended to the employers by the Commission For Racial Equality and are being collected to assist the Council to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000.

**ANY CANVASSING WILL DISQUALIFY CANDIDATES**

A candidate for any appointment with the Council must state below any known relationship to a Councillor, Co-opted Member, Director or Senior Officer of the Council when making an application. A candidate failing to disclose such a relationship or seeking to improperly influence the recruitment and selection process shall be disqualified from appointment, or if appointed, shall be liable to dismissal without notice. **Are you related to any Councillor or Senior Officer of the Council?**  
 Yes  No  (If YES, please give details).

**I understand that public funds must be protected and so the information I have provided on this form may be used to prevent and detect fraud. The information on this form may be used by the Council for checking to other records held by the Council and may also be shared, for the same purposes, with other organisations which handle public funds. I confirm, that to the best of my knowledge, the information provided on this form is correct and gives a true representation of my qualifications and employment history and agree that this information can be used for monitoring purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.**

Signed: ..... Date: .....

Please print your name: .....

HOW DID YOU LEARN OF THIS CASUAL WORK? .....

**FOR OFFICE USE ONLY**

Date form Received:	Ref.s taken up by:	Telep:	In writing:	Qualifications Checked:	YES	NO
<b>Reason for Rejection (Please tick)</b>			<b>COMMENTS:</b>			
1 Exp	4 Know	7 Skills				
2 Qual	5 Circum	8 Phys				
3 Train	6 Disp	9 Other				