



Applicant No.

**APPLICATION FOR EMPLOYMENT - MONITORING FORM
CONFIDENTIAL**

Please complete in black ink or type

**THIS FORM IS NOT PART OF THE SELECTION PROCESS
(The information you provide will be treated in the strictest of confidence
and will not be seen by the selection panel)**

Application for the post of: Caretaker

Personal Details

Surname:		Forename:	
Preferred Name:		Preferred Title:	
Address:		Email:	
Daytime Phone Number		May we contact you on this number during the application process? Yes / No	
Evening Phone Number		National Insurance Number	
Do you need a work permit for permanent employment in the UK?	Yes / No	If yes, do you have one?	Yes / No

Relatives / Other interests

Are you, to your knowledge, related to, or do you have a close personal relationship with any Member or Officer of Teignmouth Town Council?

Yes / No

If yes, please state the name of the person and the capacity in which you are known to them.

If appointed, do you have any business and / or financial interests which might conflict with the duties of the post?

Yes / No

If yes, please give brief details

Rehabilitation of Offenders Act 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not 'spent'. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'

Equal Opportunities Monitoring Form

Teignmouth Town Council recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender, marriage / civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, race (including ethnic origin, colour, nationality and national origin), religion or belief. We therefore welcome applications from all sections of the community.

The information you supply on this form will be separated from your application form prior to any selection's decisions being made and will be treated as confidential at all times, and in accordance with the Data Protection Act 2018 and GDPR

Name:			
Post:	Caretaker		

Gender:	Marital Status:		
Date of Birth:			
Do you consider yourself to have a disability?		Yes / No	
If yes, please state nature of disability			
<p>The Disability Discrimination Act defines disability as “a physical or mental impairment that has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.</p>			

Supplementary Information

Flexible Working

Do you wish to apply for this job on the basis of flexible working?	Yes / No
If yes please specify	

Recruitment Monitoring

How did you find out about this vacancy? Where appropriate, please give the name of the website or publication.

Declaration

I declare that that the information in this form and the accompanying application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I consent that under the Data Protection Act 2018 the information contained in this form and my application form may be processed by Teignmouth Town Council, who will ensure the information will be stored on a computer fairly and lawfully and will not be disclosed to any person/s for any other purposes.

I give my permission for Teignmouth Town Council to process and retain information about me contained in this form in accordance with the Data Protection Act 2018

Signed..... Date:
(If you submit an application electronically, you will be asked to sign the form before interview)