**Rehabilitation of Offenders Act 1974**

**For Full Time posts**: I am applying for Job Share / Part-Time

**(please delete as appropriate)**

Please indicate the range of days and the maximum number of hours you are able to work

**National Insurance No:**

**Title: Last Name: First Name:**

Address for Correspondence:

Postcode:

Home Tel No:

Mobile Tel No:

Work Tel No:

Email:

Correspondence relating to this application may be sent via email to the address supplied, please confirm you are happy to receive correspondence in this way

YES / NO

May we contact you at work? YES / NO

**(Please delete as appropriate)**

For Office use

**Application For Employment as:**

Please complete this form in **black ink**

**Please return completed application forms directly to the school.**

**Job Ref:**



**CONFIDENTIAL** SO(48)

The information you provide on this form will be used

for recruitment & selection and employment contract purposes

**Closing Date:**

If the job includes driving, are you licensed to drive the appropriate vehicle? If you hold an HGV licence, please state class. YES NO (Please delete as appropriate)

**References**

Please give the names and addresses of two referees. One should be your present employer or, if not employed, your last employer.

If you have not been employed before, you will need to supply referees who are able to comment on your ability to do the job.

**1. Title: Name: 2. Title: Name:**

**Occupation: Occupation:**

**Address: Address:**

**Postcode:**  **Postcode:**

**Telephone No:**  **Telephone No:**

**Fax No:**  **Fax No:**

**Email:**  **Email:**

**Capacity in which known:**  **Capacity in which known:**

**Referees will be automatically contacted if shortlisted for an interview**

Is a member of your family or any person you have a close association to a Councillor or Employee of Leeds City Council ? YES/NO (If yes, give details)

When would you be available for work?:

If you are selected for interview, are there any dates when it

would be impossible for you to attend?:

All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected'. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website or see [here](http://hub.unlock.org.uk/wp-content/uploads/What-will-be-filtered-by-the-DBS.pdf).

Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process.  If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.

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#### EMPLOYMENT EXPERIENCE

Date Started: Permanent/Temporary

(Please delete as appropriate)

Date left (if applicable):

Reason for leaving:

Current or last occupation / position /scheme

Salary: Grade/Scale:

Employer:

Address:

Briefly describe your duties:

**Previous jobs** **or work experience** (Most recent first)

Name of Employer

Position held and main duties

Reason for

Leaving

Training and qualifications relevant to the job

Please show here that you have the training and qualifications asked for in the employee

specification, including Apprenticeships and Membership of Professional or Technical Bodies

Year Awarded

Date to

Month Year

Yr

Date from

Month Year Yr

**Skills**

Please show that you have the experience asked for in the Employee Specification gained either through work, home or voluntary activities.

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**Experience**

Please show that you have the skills asked for in the Employee Specification gained either through work, home or voluntary activities.

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Please show that you have the knowledge asked for in the Employee Specification gained either through work, education, home or voluntary activities.

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**Knowledge**

**It is not necessary to complete this page if you are applying for a manual job**

**Additional Information**

You must not exceed two sides of A4 paper (this does not apply to Disabled Applicants). CV’s are **NOT** allowed.

Please show how you meet the additional factors on the Employee Specification and use this section if there is any other information you wish to add in support of your application.

**Privacy Notice**

The information detailed in this application form will be used in order to process your application and in line with the school’s Recruitment and Selection process. The lawful basis for processing this information is with a view to entering into a contract with you.

Your information may be shared may be shared with Leeds City Council HR in their role as data processor under the terms of the service level agreement where they have a legitimate business need to access it, and externally where required for the recruitment process, for example, in order to obtain references or where background checks are required. Your information will only be shared where necessary, and in accordance with data protection law.

If successful, this form will be retained on your personnel file and kept for a period of 6 years after the termination of your employment.

Application forms submitted by unsuccessful candidates will be destroyed after six months from the date the post was appointed to.

For more detailed information about how your information will be processed, and for details of their Data Protection Officer, contact the school direct.

Information regarding your rights in relation to your personal data are available via the Information Commissioner’s Office: [www.ico.org.uk](http://www.ico.org.uk).

**Declaration**

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the school b) a satisfactory DBS certificate and check of the Barred list c) the entries on this form proving to be complete and accurate and d) a satisfactory medical report, if appropriate. I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information (continued)**

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