Applicant No.

(Office use only)

**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: Facilities Manager**

**Personal Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | Forename: |  | | |
| Preferred Name: | |  | | Preferred Title: | |  | |
| Home Address:  Email: | | | | Correspondence Address: | | | |
| Daytime Phone No. | | |  | May we contact you on this number during the application process? Yes / No | | | |
| Home Phone No. | | |  | National Insurance No. | | |  |
| 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 Frome 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**

|  |  |
| --- | --- |
| Do you have any convictions not spent under the rehabilitation of Offenders Act 1974? | |
| Yes / No | If yes, please give full details. |

Frome 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 race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

**Equal Opportunities Monitoring Form**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Post Applied For: | |  | | | | |
|  | | | | | |  |
| Optional - Date of birth: | | |  | | | |
| Do you consider yourself to have a disability | | | | | Yes / No | |
| If yes, please state nature of disability | | | |  | | |
| **The disability Discrimination Act defines disability as “A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.** | | | | | | |