

Position Applied For:	Hospitality Manager		
Closing Date:	(office use only)	Interview Date:	(office use only)
	ad the guidance notes in the card. Application forms received at	•	
The info	ormation you supply on this fo	rm will be treated in	confidence.
Section 1 Personal Detai	ls		
Surname:		Forename:	
Home address:			
Post Code:			
Home Telephone:		Mobile:	
Email address:			
Do you hold a full clean	driving licence valid in the UI	<b>&lt;</b> ?	
Do you have your own t	ransport?		
Are you able to work in	the UK with no immigration i	restrictions?	
How much notice do yo	u need to give to your curren	t employer?	





Section 2 Present Employment (if unemployed, please give your most recent employment)

Name of Employer:	
Address:	
Postcode:	
Post Title:	1
Post fitte.	
Appointment start date:	То:
Reason for Leaving:	
Brief description of duties:	



#### Section 3 Previous Employment (please start with the most recent employment first)

Name and Address	Position Held	Brief outline of	From	То	Reason for Leaving
of Employer		Duties			



### Section 4 Education (Please list highest qualification first)

School/College/University	From:	То:	Subject	Grade

Section 5 Membership of any Professional Associations			
Association Level of Membership			

### Section 6 Training & Development

Training Course	Dates Attended



Section 7 Personal Statement
Please use this section to give information in support of your application of any skills, knowledge and experience you have gained, and how you meet the criteria in the person specification. Continue on separate sheets (if required).



#### Section 8 Referees

Please give 2 names and addresses of your most recent employers (if applicable). If unable to do so, please state who the referees are.

Reference 1		Reference 2		
Name:		Name:		
Organisation:		Organisation:		
Address:		Address:		
Contact number:		Contact number:		
Email address:		Email address:		
Position (Job title)		Position (Job title	e)	
Section 9 Declaration				
Section 5 Bediardion				
Are you related to an officer, employee, or me	mbe	r of Peterlee	Yes	No
Town Council? If so, please give details below:				
Statement to be signed by the applicant				
I hereby certify that all the information given by m	e on	this form is correct	to the best of m	y knowledge.
Circumstance				
Signature:		Dat	e:	





Office use only Position applied for: Form No:
Position applied for: Form No:
Peterlee Town Council wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. If you require more information contact CorporateServicesTeam@Peterlee.gov.uk.
Gender Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐ If you prefer to use your own gender identity, please write in:
<b>Age</b> 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐
What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box Asian or Asian British
Indian Pakistani Bangladeshi Chinese Prefer not to say Any other Asian background, please write in:
Black, African, Caribbean or Black British  African Caribbean Prefer not to say   Any other Black, African or Caribbean background, please write in:  Mixed or Multiple ethnic groups
White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:  White
English  Welsh  Scottish  Northern Irish  Irish  British
Gypsy or Irish Traveller Prefer not to say
Any other White background, please write in:
Other ethnic group  Arab Prefer not to say Any other ethnic group, please write in:



Do you consider yourself to have a disability or health condition?
Yes  No Prefer not to say
What is the effect or impact of your disability or health condition on your work? Please write in here:
The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the manager running the recruitment process.
What is your sexual orientation?
Heterosexual Gay Lesbian Bisexual Asexual Pansexual
Undecided Prefer not to say
If you prefer to use your own identity, please write in:
What is your religion or belief?
No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in:
What is your working pattern?
Full-time Part-time Prefer not to say
Tall time — Tall time — Trefer not to say —
What is your flexible working arrangement?
None  Flexi-time  Staggered hours  Term-time hours  Annualised hours
Job-share ☐ Flexible shifts ☐ Compressed hours ☐ Homeworking ☐ Prefer not to say ☐
If other, please write in:
Do you have caring responsibilities? If yes, please tick all that apply
None Primary carer of a child/children (under 18) Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role) $\ \Box$
Prefer not to say
Where did you see this post advertised?
Please return your completed application form to corporateadminteam@peterlee.gov.uk or post to

Please return your completed application form to <a href="mailto:corporateadminteam@peterlee.gov.uk">corporateadminteam@peterlee.gov.uk</a> or post to Peterlee Town Council, Council Offices, Shotton Hall, Peterlee, Co. Durham, SR8 2PH.