

External Candidate Application Form

Post Applied Executive Director / Chief of Staff

Instructions for completion

General

- 1. Complete all sections clearly, accurately and honestly. If a section does not apply write 'N/A'
- 2. Curriculum vitae (CVs) will not be accepted.

C 011 01 011					
Family name:			Р	referred	
Forename(s):			(Mr/M	s/Mrs/Miss/	Dr)
Home			•	ne numb	
Line 2:		(ir	nclude	STD dial	ing codes)
Town:		H	lome:		
County:		\	Nork:		
Postcode:		N	lobile		
Email address:					
National Insu	rance Number:				
Driving licence	This section is only relevant if it is a	a criteria in the	person	specificati	on.
Do you hold a curr	ent driving licence?	Yes:		No:	
State driving licend	ce number:				
State driving licend	ce category:				
Or, do you have th could use for work	ne use of a vehicle which you if required?	Yes:		No: [

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Declaration				
In accordance with the Data Protection Act 1998, I am aware that the information provided on this application form will be used only for selection and interview purposes. Should the application be unsuccessful the information will be held for a period of 1 year; if successful the information will be retained on employment records for the duration of my employment with the Police and Crime Commissioner for Essex and up to seven years thereafter. In signing this declaration electronically I also confirm that the information provided is accurate and that I understand any appointment will be subject to me passing the required vetting and reference checks.				
Signa (please type FULL NA co	ture ME to nfirm):		Date:	

Qualifications if relevant to the job description

You will need to provide documentary e Title/Subject	Grade/Level
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
If you have any more qualifications plea	se provide them here:

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Tra	Please give details of any courses attended which may be relevant to this post.		
	Dates	i	Details
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
If yo	u have had any o	other training please provide the detail	s here:

Membership of Professional Bodies if relevant to the job description State whether by examination or experience, quoting your membership number.

Please provide, in sequence, details of your employment history starting with your most recent/current employment. To include the last ten years **Employment** employment only. Name and full postal Position held Date Reason for leaving employed address (including brief description of duties) (from-to)

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Referei		your present, or if were known to eit References will I made, and refere if you would purther reference		last employes by another to any offer oproached a act your pres	er/school/colleger/school/coll	ge. If you indicate. ent being . Please tick
 	Present/Last I	Employer	Other Ref	feree		
Name:						
Positio n:						
Addre						
SS:						

Your application form plays an important part in selecting the right person for this position. It is only information contained in your application form that will decide whether or not you are shortlisted. Please use the space below to provide a summary of the following:

Reason for application

- Why you have applied for this position
- What makes you the best candidate for the role of Chief Of Staff
- What level of experience you have in the criteria outlined in the role requirement

Please continue as necessary	

Skills and
Competencies

Using the role requirement and advertisement for the position, please provide evidence as to how you meet the criteria for this position.

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Please continue as necessary	

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	ntary Info					_	
offence, includionade, along wifixed penalty no	ng as a juvenile th details of any otices (e.g. for p	? Declaration of any impending prosecu	nsed, charged, repring bind-overs imposed tions. Additionally, de tters) and any incurr	by any court sho etails are required	ould be did not any	Yes:	
Date	Court	Offe	ence		Penalty		
Rehabilitation of	of Offenders Act	1974 do not apply to	Act 1974 (Exceptions o questions concerni a previous conviction	ng convictions, c	autions, cha	rges etc. You	are
whether or n	ot this led to vith criminal a	ved in a criminal any prosecution octivity? Failure to	or been	Yes: [No:]
Are you or ha	ave you ever	been a member	of the following:	If 'Yes'	please giv	e dates bel	ow:
British Natior	nal Party	Yes:	No:				
Combat 18		Yes:	No:				
The National	l Front	Yes:	No:				
Immigration A subject to imm	ct 1996. Und	er this law, it is a crool and who has no	e UK is currently go riminal offence to e permission to work	mploy a persor	aged 16 o	r over who is	3
Do you requi	ire a permit to	work in the Unit	ed Kingdom?	Yes:		No:]
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Disability				
Do you consider yourself to have a dis	sability?	Yes:	No:	
The definition of disability is, 'a physical on ability to carry out normal day-to day a		h has a substantial and	l long term effect	
Please give brief of any reasonable adjus for this position.	tments you may require u	s to make during the as	ssessment process	
Signature:		Date:		
(Please type FULL NAME above)		_ 5.15.		
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Completed applications forms must be returned by email to PCCEssex@HavasPeople.com

(A) Equal Opportunities Monitoring

Essex Police is committed to ensuring our workforce is representative of wider society and that people are appointed on merit, regardless of background, lifestyle or personal circumstances. We need to monitor all applications to ensure our equal opportunities policies are effective and to comply with legislation. Monitoring information will be processed in accordance with the Data Protection Act 1998 and is for monitoring purposes only.

I would describe my ethnic origin as: (please tick appropriate box) White В Mixed Α M W1 □ White and Black Caribbean ☐ British М1 ☐ Irish W2 ☐ White and Black African **M2** ☐ Any other White background W9 ☐ White and Asian **M3** М9 ☐ Any other Mixed background C Asian or Asian British **Black or Black British** В Α ☐ Indian **A1** ☐ Caribbean **B1 A2 B2** Pakistani African **B9** Bangladeshi **A3** Any other Black background Any other Asian background **A9** 0 Ε Chinese 0 Other Ethnic Group Any Other 09 Chinese 01 I would identify my sexual orientation as: (please tick appropriate box) Gay/lesbian Bi-sexual Heterosexual Prefer not to say Application for post of: Month and year of birth: My nationality is: Male Female My gender is: Do you consider yourself to have a disability? Yes RESTRICTED WHEN COMPLETE PERS38 (01/10/10)

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