APPLICATION FORM



Lothian Valuation Joint Board

17A South Gyle Crescent, Edinburgh, EH12 9FL Telephone (0131) 344 2500

Application form	n for post of							
Closing date								
1 Personal De	tails							
Surname							Initials	
Address							l	
Postcode								
E-mail Address	s							
Home Telepho	one No							
Work Telepho	ne No							
Mobile Teleph	ione No							
2 Employmen	t Record							
PRESENT OR MO		MDIOVED		If still wo	rking for	this employer	please tick box	,
Job Title	ST RECEIVE	IVIT LOTEK		II Still WOI	I KIIIG TOI	tills employer,	piedse tiek box	··
Name & Addre	ess of Employ	er						
Postcode								
Notice Period								
Dates of Service	Dates of Service							
Annual Salary								
		d responsib	ilities rela	ated to pre	esent or	most recent po	ost and reason	for leaving, if appropriate:
Responsibilitie	es							
1								

2 Employment Record (Cont'd)

PREVIOUS EMPLOYMENT (List in order with most recent employer FIRST)

For the purpose of calculating reckonable service for annual leave and other entitlements, please ensure all previous Local Authority employment is listed.

Name & Address of Employer	Job Title & Start and Finish Dates (month & Year)	Main Duties & Responsibilities (include final salary and reason for leaving)

3 Education & Training

FURTHER/HIGHER EDUCATION

Qualification(s) Gained or Working Towards	Name of College/University	Main Subjects Studied	Awarding Body/Institution	Date Achieved

SECONDARY EDUCATION

Certificates Gained	Subjects/Modules	Grade/Band	Date

3 Education & Training (Cont'd)

HER TRAINING — relevant to this application Name of Course/Subject Provided By Certificated (Yes/No) Duration (Yes/No) Information in Support of Your Application we any further details of your experience which you consider relevant to the post applied for.	OFESSIONAL QUALIFICATION(S Class/Grade of Membership	Institution		How Awarded	Date Award
Name of Course/Subject Provided By Certificated (Yes/No) Duration (Yes/No) Information in Support of Your Application					
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			(Yes/No)		
	formation in Support of Vo	ur Application			
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ve any further details of your experience which you consider relevant to the post applied for.					
	ve any further details of your expe	rience which you consider r	elevant to the pos	st applied for.	

5 References

Please give names, designations, addresses and telephone numbers of two persons who have agreed to provide a reference for you. Please also state your relationship with each referee. You should, if possible, know one referee in an employment capacity. One should be your present or last employer. If you are in, or have left within the last three years, full –time education, please provide one referee from that educational establishment.

Name of First Referee				
Designation/Post Title				
Company Name				
Address				
Postcode				
E-mail Address				
Telephone No				
Relationship with Referee				
Can the referee be contacted	prior to interview?	Yes	No	
				•
Name of Second Referee				
Designation/Post Title				
Company Name				
Address				
Postcode				
E-mail Address				
Telephone No				
Relationship with Referee				
Can the referee be contacted	Yes	No		

6 Relationship

If you are related to a Councillor or Senior Officer of this Joint Board or other Councils in Lothian, you are required to inform
us at this stage. This will allow us to judge whether the Councillor or Senior Officer requires to take any steps to ensure non-
involvement in your possible recruitment. If you are in any doubt whether you are required to answer this question, telephone
the person to whom this application form is to be returned. Your enquiry will be dealt with in strict confidence.

Councillor/Senior	Officer	
Relationship		

7 Declaration

I verify that, to the best of my knowledge, the information supplied by me on this application form, and on any additional sheets submitted, is true and correct. I realise that if I am employed and it is found that such information is false or that I have withheld information I may be liable to disciplinary action under the Disciplinary Procedure of Lothian Valuation Joint Board.

Please note only sign with initial(s) and surname

Signed	
Date	

Supplementary Questions For Applicants With Special Requirements

POST APPL	LIED FOR					-
SURNAME					INITIALS	
people who all applicant the minimum. The Equality discriminate employmen. The Act defi Someone wi Substantial	have or last who had essent a distinct a physical and Long	have had ave or h ial criteri 0 makes a disa abled pe sical or m g-term A	d welcomes applications from a disability. We will interview ave had a disability and meet a for the job. it unlawful for an employer to bled person in the field of rson as mental impairment which has a dverse Effect on that person's any-to-Day Activities.	by The Equali Valuation Joir please answer Otherwise you impairment yo This informati	ty Act 2010 and to not Board to not the following used to not need by may have.	in impairment which is covered and you would require Lothian make reasonable Adjustment , questions. It to tell us of any disability or ant against you, but will help us can reasonably accommodate
			pard to consider making reasonablen order that you might carry out t	•		job you are applying for, can you
What arrai	ngement	s do you	require at the interview stage – w	rheelchair access,	sign language,	interpreter, etc?
Date						



Equal Employment Opportunities Policy Monitoring Questionnaire

Lothian Valuation Joint Board is an equal opportunities employer and will prevent discrimination particularly on the grounds of sex, marital status, disability, race, colour, religious belief, political belief, sexuality, nationality, ethnic origin, age, trade union activity, responsibility for dependants or employment status.

In order for the Joint Board to monitor its recruitment and selection process you are requested to complete this form and return it with the main Application Form. This form is not made available to those involved in short listing or conducting the recruitment interview, and is used solely for monitoring and statistical purposes.

1	Age (Please tick one)				
	16-24		25-29		30-34
	35-39		40-44		45-49
	50-54		55-59		60-64
	65+		Prefer not to say		
2	Gender (Please tick one box)				
	Female		Male		Intersex
	Non-binary		Prefer not to say		Other
If you	answered 'other' please specify here:				
3	Disability or Health Condition	(Plea	ase tick one box)		
	Yes		No		Prefer not to say
		<u>l</u>			1
4	Sexual Orientation (Please tick	the	box that best describes you	r sexi	ual orientation)
	Heterosexual		Gay		Lesbian
	Bisexual		Prefer not to say		other
If you	answered 'other' please specify here:				-
	,				

Cont'd over/....

5	Ethnicity (Please tick the bo	ox that best describes	you	ur ethnic group)				
	White – Scottish			White – English				
	White – Welsh			White – Northern Irish				
	White – Irish			White – British				
	White – Gypsy or Irish Traveller			Other White Background				
	Mixed/Multiple Ethnic Group – Wh	ite and Black Caribbean		Mixed/Multiple Ethnic Group – White and Black African				
	Mixed/Multiple Ethnic Group – Wh	ite and Asian		Other Mixed/Multiple Ethnic Group				
	Asian/Asian British – Indian			Asian/Asian British – Pakistani				
	Asian/Asian British – Bangladeshi			Asian/Asian British – Chinese				
	Other Asian/Asian British			Black/African/Caribbean/Black British – African				
	Black/African/Caribbean/Black British – Caribbean			Other Black/African/Caribbean/Black British				
	Other Ethnic Group not mentioned	above						
If you	If you answered 'other' please specify below:							
6	Are You Married or in a Civ	il Partnership (Please	tick	k one box)				
	Yes	No		Prefer not to say				
7	What is your Religion (Plea	se tick one box)						
	Christian	Buddhist		Hindu				
	Jewish	Muslim Drefer not to say		Sikh				
	No religion or belief	Prefer not to say		other				
If you	If you answered 'other' please state your religion below:							
DOC	T ADDUCTO FOR							
	POST APPLIED FOR							
NAN								
	ME (PLEASE PRINT)							
SIGN	ME (PLEASE PRINT) NATURE			DATE				
	NATURE	S KNOW HOW YOU FOUND (OUT A					
	OULD BE HELPFUL IF YOU COULD LET U	S KNOW HOW YOU FOUND (OUT A					
IT WO	OULD BE HELPFUL IF YOU COULD LET U	yjobscotland.gov.uk	OUT A	ABOUT THIS VACANCY:-				