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| HR reference | 0000001191/ |

**Belfast City Council**

Application for appointment as:

**Markets and Customer Service Attendant (Scale 3)**

**(There is one temporary post until 31 January 2023, subject to review)**

**Markets Section**

**Place and Economy Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Monday, 20 December 2021**.  Completed application forms should be emailed to [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) and you will receive an automatic reply when your application has been received. If you don’t receive an acknowledgement within 30 minutes, please call 9027 0640 to confirm receipt (office hours are normally Mon-Thurs 8.30am-5pm, Fri 8.30am-4.30pm). You must confirm receipt **before** the closing date and time as we will not be able to accept applications that are sent but not received before the closing date and time.  **Please note, as part of our COVID HR Service Recovery Plan, we are unable to issue or receive any hard copy application forms, either by post or hand-delivered, at this time.** | |

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| **If you have a disability and require any reasonable adjustments, or your first language is not English and you require any assistance with any aspect of our recruitment and selection process, please call 028 9027 0640.** |
|  |
| **Belfast City Council is an equal opportunities employer and we welcome applications from all sections of the community.** |

In addition to filling the immediate vacancy, we also intend to create a reserve list of successful applicants, in strict order of merit based on performance at interview. We anticipate that this list will last for 12 months, or until it is exhausted, whichever is sooner.

Therefore, should a similar post to the immediate vacancy become available within this time we may offer it to those on the reserve list, in order of merit, without further interview.

**These posts will be on fixed term/temporary basis and may be working full-time or part-time hours.**

Please indicate below whether you would be interested in working full-time or part-time hours by ticking the appropriate box.

**If you are interested in both full-time and part-time positions, please tick *(*🗸*)* both boxes.**

**Hours of work:**

**Full-time Part-time**

You can apply for all positions and, if appointed to the reserve list, you will be considered for full-time and part-time hours.

If you apply for all positions, you can accept an offer of temporary employment without giving up your right to be considered for a permanent post. Similarly, you can accept a post working part-time hours without giving up your right to be offered a post working full-time hours.

**It is important to note: If you are placed on the reserve list, you will only be offered vacant posts on the basis of the information you have provided above. For example, if you have ticked that you wish to be considered for full-time hours only and a part-time post becomes available, we will not offer you this part-time post.**

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| **Section 1: Personal details** | | | | | | | | | |
| Are you currently employed by Belfast City Council? | | | | | | Yes |  | No |  |
| If yes, please enter your staff number: | | | | | |  | | | |
| Have you been previously employed by Belfast City Council? | | | | | | Yes |  | No |  |
| If yes, please state your reason for leaving: | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | |
| **1.** | | **Your details** | | | | | | | |
| (a) | | Title: (Mr, Mrs, Ms, Miss, Mx, Dr etc) | |  | | | | | |
|  | |  | |  | | | | | |
| (b) | | Forenames: | |  | | | | | |
|  | |  | |  | | | | | |
| (c) | | Preferred name: | |  | | | | | |
|  | |  | |  | | | | | |
| (d) | | Surname: | |  | | | | | |
|  | |  | |  | | | | | |
| **2.** | | **Contact details** | | | | | | | |
| (a) | | Work telephone number: | |  | | | | | |
|  | |  | |  | | | | | |
| (b) | | Mobile number: | |  | | | | | |
|  | |  | |  | | | | | |
| (c) | | Preferred contact number: | |  | | | | | |
|  | |  | |  | | | | | |
| (d) | | Email address: | |  | | | | | |
|  | |  | |  | | | | | |
| (e) | | Address 1: | |  | | | | | |
|  | |  | |  | | | | | |
| (f) | | Address 2: | |  | | | | | |
|  | |  | |  | | | | | |
| (g) | | Town: | |  | | | | | |
|  | |  | |  | | | | | |
| (h) | | County: | |  | | | | | |
|  | |  | |  | | | | | |
| (i) | | Postcode: | |  | | | | | |
|  | |  | |  | | | | | |
| **3.** | | **Other information** | | | | | | | |
|  | | National insurance number: | |  | | | | | |
|  | | | | | | | | | | |
| **Section 2: Current position held** | | | | | | | | | | | |
| **4.** | |  | | | | | | | | | |
| (a) | **Current position held:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Current Job Title: | | | Grade: | | Date appointed: | | | | | | |
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| (b) | **Details of previous employment and positions held:** | | | | | |
|  |  | | | | | |
| Name and address of previous employer(s): | | | From:  (dd/mm/yyyy) | To:  (dd/mm/yyyy) | Position(s) held: | Salary: |
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| **Section 3: Experience** | | | | | | | |
| **5.** | |  | | | | | |
| **You must complete this form in either typescript (Arial font size 11) or legible hand-writing using black ink. You must limit your text in the next section to no more than one A4 page. You must not use continuation sheets. If you submit more than one page, the short-listing panel will only consider the first page of information and you may not be short-listed.**  Applicants **must**, as at the closing date for receipt of application forms, be able to demonstrate by providing personal and specific examples on the application form, that they meet the experience as stated in the employee specification.  **Essential criteria**  Applicants **must**, as at the closing date for receipt of application forms,be able to demonstrate by providing personal and specific examples on the application form, that they have at least one year’s relevant experience of:   1. working in a customer service environment, including effectively dealing with customer   complaints;   1. carrying out cleaning duties, such as sweeping, mopping, polishing, which must include   experience of using cleaning equipment, such as brushes, mops and polishing equipment; and   1. carrying out basic maintenance tasks, such as setting up stalls, tables and basic equipment.   **Short-listing criteria**  In addition to the above experience, applicants **must**, as at the closing date for receipt of application forms,be able to demonstrate by providing personal and specific examples on the application form, that they have at least **two** years’ relevant experience in the three areas outlined above (a)-(c).  **In boxes (a), (b) and (c), please provide the following details:**  (a) You must clearly state the start and end dates of your relevant experience including the number of years’  experience you have in this area. You must clearly detail the type of customer service environment you  have worked in; the range of customers you have dealt with; the type of complaints you have dealt with;  how you resolved any complaints, etc.  (b) You must clearly state the start and end dates of your relevant experience including the number of years’  experience you have in this area. You must clearly detail the range of cleaning duties you have carried  out; the type of environment in which you have carried out these duties; the range of cleaning equipment  you have used; what you used this equipment for; etc.  (c) You must clearly state the start and end dates of your relevant experience including the number of years’  experience you have in this area. You must clearly detail the range of maintenance tasks you have  carried out; how you set up stalls, tables and basic equipment; the range of functions you carried this out  for; detail how you ensured personal safety when moving furniture and equipment, etc. | | | | | | | | |

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| **(a)** | | Applicants **must** demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience of working in a customer service environment, including effectively dealing with customer complaints  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used | | |
| **(b)** | | Applicants **must** demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience of carrying out cleaning duties, such as sweeping, mopping, polishing, which must include experience of using cleaning equipment, such as brushes, mops and polishing equipment.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used | | |
| **(c)** | | Applicants must demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience of carrying out basic maintenance tasks, such as setting up stalls, tables and basic equipment.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used | | |
| **Section 4: Other information** | | | | | |
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| **6.** | Notice required to terminate present position: | | |  | |
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| **7.** | If you are not currently employed by Belfast City Council, please provide the required information of two persons not related to you, to whom references may be sent. Both of your referees must be either your current or previous employers (if applicable). Both should be able to comment on your ability to carry out the particular tasks of the job. If you do not wish us to contact your present employer, please provide your most recent previous employer. | | | | |
|  |  | | | | |
| **1.** | Current or previous employer (if any) | | | | |
|  |  | |  | | |
|  | Name: | |  | | |
|  |  | |  | | |
|  | Job title: | |  | | |
|  |  | |  | | |
|  | Name of organisation: | |  | | |
|  |  | |  | | |
|  | Address (including post code): | |  | | |
|  |  | |  | | |
|  | Contact telephone: | |  | | |
|  |  | |  | | |
|  | Email address: | |  | | |
|  |  | |  | | |
| **2.** | Other employer referee (or character reference if applicable): | | | | |
|  |  | |  | | |
|  | Name: | |  | | |
|  |  | |  | | |
|  | Job title (if applicable): | |  | | |
|  |  | |  | | |
|  | Name of organisation (if applicable): | |  | | |
|  |  | |  | | |
|  | Address (including post code): | |  | | |
|  |  | |  | | |
|  | Contact telephone: | |  | | |
|  |  | |  | | |
|  | Email address: | |  | | |

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| I certify that the above information is correct and understand that any false or misleading information, if proved, may result in no further action being taken on this application, or, if appointed, dismissal from the service of the council. |

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| Signed: |  |  |  | Date: |  |  |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000001191/ |
| Belfast City Council is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement in the council on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the Code of Practice on Monitoring agreed with Trade Unions.  **This questionnaire will not be seen by either the short-listing or interview panels.** | | |

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| **Personal details:** | |  | **Official use only:** | |
| **Date of birth:** |  |  | Dob |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender Identity:** | | | | | | | | | | | | Gender Identity |  |
| How do you define your gender? | | | | | | | | | | | |
| Male |  |  |  | Female |  |  | Prefer not to answer | |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |
| I use another term (for example, Intersex, non-binary), please specific: | | | | | | | | |  | |  |  |  |
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|  | | | | | | | | | | |  |  |  |
| **Do you consider yourself to be trans\* or transgender\*\*?** | | | | | | | | | | |  |  |  |
| Yes |  |  |  | No |  |  | Prefer not to say | |  | |  |  |  |
| *\** Trans can be used as an umbrella term to describe people whose gender is not the same as, nor does it sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms e.g. transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, crossdresser, genderless. The use of trans as an umbrella term may not be acceptable to all transgender people. | | | | | | | | | | |  |  |  |
| *\*\** Someone who intends to transition, is transitioning or has transitioned from the gender they were assigned at birth. | | | | | | | | | | |  |  |  |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  | Status |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Cohabitant | | | |  | Same sex marriage | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Prefer not to answer | | | |  |  | | |  |  |  |  |
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|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  | | Ethnic origin | | | |
|  |  |  |  |  |  | |  |  |  |  | |  | |  | |
|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | |  |  | | |
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|  | Chinese | |  |  | Irish Traveller | | |  |  |  | |  | | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  | |  | | | |
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|  | Prefer not to answer | | |  |  | | |  |  |  | |  | | | |
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|  | Black other, please specify | | | | |  | | | |  | |  | | |  |
|  |  | | | | |  | | | |  | |  | | |  |
|  | Mixed ethnic group, please | | | | |  | | | |  | |  | | |  |
|  | specify | | | | |  | | | |  | |  | | |  |
|  | Other, please specify | | | | |  | | | |  | |  | | |  |
| Please state your nationality or citizenship (for example, British, Irish, Polish): | | | | | | | | | |  | Nation | | | |  |
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| **Persons with and without a disability:** | | | | | | | | | | | |
| A person has a disability if they have “a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities” (Disability Discrimination Act, 1995) | | | | | | | | | | | |
| **Do you, in accordance with the above, have** |  | Yes |  | |  | | No |  |  | Disability |  |
| **a disability?** |  |  | |  | |  |  |
|  |  | Prefer not to answer | | | | | |  |  |  |  |
|  | | | | | | | | | |  |  |
| If yes, please state nature of disability: | | | | | | | | |  |  | |
|  | | | | | | | | |  |  | |
|  | | | | | | | | | |  | |
| **If No, have you ever had a disability?** |  | Yes | |  | |  | No |  |  | History |  |
|  |  |  | |  | |  |  |  |  |  |  |
|  |  | Prefer not to answer | | | | | |  |  |  |  |
|  |  |  | | | | | |  |  |  |  |
| While the selection panel will be made aware that you have a disability for the purposes of operating the Guaranteed Interview Scheme, they will not know the nature of your disability or if you need any reasonable adjustments as part of the recruitment and selection process unless you advise them. | | | | | | | | |  |  |  |
|  | | | | | | | | |  |  |  |
| Therefore, if you require any reasonable adjustments as part of the recruitment and selection process, please outline them: | | | | | | | | |  |  |  |
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|  | | | | | | | | |  |  |  |
| If you wish to discuss any of this information further or you require any further clarification about the Guaranteed Interview Scheme, please feel free to contact our Helpline on **(028) 9027 0640** and we will be happy to help. | | | | | | | | |  |  |  |
|  | | | | | | | | |  |  |  |
| In addition, if you are aware of any adjustments that you will require, should you be successful in obtaining the job, please outline them: | | | | | | | | |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Official use only:** | |
| **Persons with and without dependants:**  **If yes, please tick the relevant box(es) below- you may tick more than one box** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Do you look after or are you responsible for caring for | | | | | | | | | | | | | | | |  | Yes |  |  | | No | | |  | |  | Dependants | |
| anyone? | | | |  | | | | |  | | |  | |  | | | |  | |  | |  | | | | |  |  |
|  | | | |  | | | | |  | | |  | |  | | | |  | |  | |  | | | | |  |  |
| **If yes, please tick the relevant box(es) below- you may tick more than one box** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | Children | |  | |  | Relative | | | | |  | |  | | A person with a disability | | | | | | | |  | |  | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | Prefer not to answer | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | Other, please specify: | | | | | |  | | | | | | | | | | | | | | | | |  | |  |  |

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| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| Gay/lesbian |  |  |  |  |  |
|  |  |  |  |  | |
| Heterosexual/straight |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to answer |  |  |  |  | |
|  |  |  |  |  | |
| I use another term, please specify: |  |  |  |  | |
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| **Religious affiliation or community background:** | | | | | |
| The council is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation or community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong by ticking the appropriate box below: | | | | | |
|  |  |  |  |  | |
| I am a member of the Protestant community |  |  |  | Code |  |
|  |  |  |  |  | |
| I am a member of the Roman Catholic community |  |  |  | Method |  |
|  |  |  |  |  | |
| I am a member of neither the Protestant nor Roman Catholic communities |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to answer |  |  |  |  | |
|  |  |  |  |  | |
| **Please note:** If you do not complete this section, we are encouraged to use the ‘residuary’ method, which means that we can make a determination on the basis of personal information on your application form. | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Religious belief or tradition:** |  |  | | | |  | |
| Please specify your religious belief, for example, Christian, Hindu, Muslim: |  | | | |  | Religious belief |  |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |