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| HR reference | 0000000906/ |

**Belfast City Council**

Application for appointment as:

**Stores Person/Tractor Driver (Scale 4)**

**(one permanent full-time and one permanent part-time)**

**These permanent post are being internally trawled as a result of the council’s ongoing programme of re-organisation and change. Applicants must be current Belfast City Council employees as at Wednesday, 9 December 2020 and throughout the selection process to be eligible to apply. Agency assignees and casual workers, who are not council employees, are ineligible to apply.)**

**Parks Development Section**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Wednesday, 9 December 2020**  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** |
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| **Belfast City Council is an equal opportunities employer and we welcome applications from all sections of the community** |

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| In addition to filling the immediate vacancies, 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 may be either on a permanent or temporary basis and may be working full-time, part-time or job-share hours.**  Please indicate below whether you would be interested in a permanent, or temporary (including fixed term) posts working full-time, part-time or job-share hours by ticking the appropriate boxes.  **If you are interested in permanent, temporary, full-time, part-time and job-share positions please tick (🗸) all ofthe relevant boxes below:**  **Contract type:**  **Permanent Temporary**  **Hours of work:**  **Full-time Part-time Job-share**    You can apply for all positions and, if appointed to the reserve list, you will be considered for permanent and temporary vacancies and for full-time, part-time and, or job share 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 are applying for a permanent position only and a temporary position becomes available, we will not offer you this temporary post.** | | | | | | | | | | | | |
| **Section 1: Personal details** | | | | | | | | | | | | |
| Are you currently employed by Belfast City Council  **(If you only work within Belfast City Council on a casual basis please mark your answer as No [see below]**)? | | | | | | | | | Yes |  | No |  |
| If yes, please enter your staff number: | | | | | | | | |  | | | |
| Are you a current agency assignee or casual worker with Belfast City Council?  **(Please note:** agency assignees and casual workers are ineligible for this post.) | | | | | | | | | Yes |  | No |  |
| **1.** | **Your details** | | | | | | | | | | | |
| (a) | Title: (Mr, Mrs, Ms, Miss, 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: | | |  | | | | | | | | |
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| **3.** | **Other information** | | | | | | | | | | | |
|  | National insurance number: | | |  | | | | | | | | |
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| I certify that the information that I have supplied in this form is correct and I 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. | | | | | | | | | | | | | |
| Signed: | |  |  | |  | Date: |  |  | | | | | |

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| **Section 2: Current position held** | |
| **4.** |  |

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| (a) | **Current position held:** | | |
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| Current Job Title: | | Grade: | Date appointed: |
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| **Section 3: Driving licence and experience** | | | | | | | | | | | | | |
| **5.** |  | | | | | | | | | | | | |
| **(a)** | Do you hold a full, current driving licence (classes C1+E and F) which enables you to drive in Northern Ireland? | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | Yes |  | |  | No |  |  | | | | | | |
|  | | | | | | | | | | | | | |
| If you have answered yes to the above question, please also provide details of your driving licence number, start and expiry dates: | | | | | | | | | | | | | |
| Licence number: | | |  | | | | | Start date: |  | | Expiry date: | |  |
|  | | | | | | | | | | | | | |
| **By providing this information, you are consenting to Belfast City Council verifying your licence details with the Driver and Vehicle Agency (NI).** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **(b)**  Do you possess a full, current Driver CPC qualification? | | | | | | | | | | | | | |
|  | Yes |  | |  | No |  |  | | | | | | |
| If you have answered yes to question (b), please also provide details of your Driver Qualification Card (DQC) categories and expiry date: | | | | | | | | | | | | | |
| Categories: | | |  | | | | | | | Expiry date: | |  | |

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| **You must complete the application form in either typescript (Arial font size 11) or legible hand-writing using black ink. You must limit your text in this section, i.e. (c) to (d), to no more than one A4 page per criterion. You must not use continuation sheets. If you submit more than one page per criterion, 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 on the application form, by providing personal and specific examples, that they have relevant experience of:   1. driving a tractor and operating mobile plant; **and** 2. operational stores experience such as stock control and replenishment.   **Short-listing criterion**  In addition to the above driving licence and experience, Belfast City Council reserves the right to shortlist only those applicants who, as at the closing date for receipt of application forms, can demonstrate on the application form, by providing personal and specific examples, at least one year’s relevant experience of driving a tractor and operating mobile plant (c). |

**In boxes (c) and (d) please provide the following detail:**

(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. Please detail the tractor/s you have experience of driving; what you used them for; the range of mobile plant that you operated; the purpose of this; etc

(d) You must clearly state the start and end dates of your relevant experience including the number of years’ experience you have in this area. Please detail the stores you maintained and the operational use of the stores; how you controlled stock; how you replenished stock levels; the type of stock that you kept; etc.

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| (c) | Please demonstrate in this box, by providing personal and specific examples, that you have relevant experience of driving a tractor and operating mobile plant.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least one year’s relevant experience in this area.)**  Continuation sheets must not be used |

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| (d) | Please demonstrate in this box, by providing personal and specific examples, that you have relevant experience of operational stores experience such as stock control and replenishment  Continuation sheets must not be used |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000000906/ |
| 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:** |

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| **Date of birth:** |  |  | Dob |  |

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| **Gender:** | Male |  |  | Female |  |  | Gender |  |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  | Status |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
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|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  |  |  | |
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|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | Ethnic origin | | |
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|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | |
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|  | Black other, please specify | | | | |  | | | |  |  | |  |
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|  | Mixed ethnic group, please | | | | |  | | | |  |  | |  |
|  | specify | | | | |  | | | |  |  | |  |
|  | Other, please specify | | | | |  | | | |  |  | |  |

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| 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 he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Disability Discrimination Act, 1995) | | | | | | | | | | | |
| Do you, in accordance with the above, have a disability? | |  | Yes |  |  | | No |  |  | Disability |  |
|  | | | | | | | | | |  |  |
| If yes, please state nature of disability: |  | | | | | | | |  |  | |
|  | | | | | | | | | |  | |
| If no, have you ever had a disability? | |  | Yes |  |  | No | |  |  | History |  |

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|  | | | | | | | | | | | | | | | | | | | | | | | **Official use only:** | |
| **Persons with and without dependants:** | | | | | | | | | | | | | | | | | | | | | | |  | |
| Have you any caring responsibility? | | | | | | | | | | | |  | Yes |  |  | | No | | |  | |  | Dependants | |
|  | | |  | | |  | |  | |  | | | |  | |  | |  | | | | |  |  |
|  | Children |  | |  | Relative | |  | |  | | A person with a disability | | | | | | | |  | |  | |  |  |
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|  | | | Other, 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 |  |  |  |  | |

**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, please specify |  | | | |  | Religious belief | |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |