



# APPLICATION FOR EMPLOYMENT

BRISTOL WATER plc  
PO Box 218, Bridgwater Road, Bristol BS99 7AU  
Tel : 0117 934 1149

**Please complete in black ink**

<b>Position applied for:</b>	Hours (if applicable):
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## PERSONAL DETAILS

Title : Mr/Mrs/Miss/Ms/Other:	Address:
Surname:	
Forename(s):	Postcode:
Tel No. (Day):	Previous address if moved in past 3 years:
Tel No. (Evening):	
Mobile No:	
Email Address:	Postcode:

Continue on a separate sheet if necessary.

Do you know anyone currently employed by Bristol Water?      NO / YES please give details

Have you applied previously to work for Bristol Water?      NO / YES please give details

## SECONDARY, FURTHER AND HIGHER EDUCATION

Please also include any qualifications for which you are currently studying.

Name of School / College / University	Qualification	Grade

## OTHER TRAINING COURSES ATTENDED AND PROFESSIONAL QUALIFICATIONS OBTAINED IN THE LAST 5 YEARS

Qualification	Awarding Body	Institution / Organisation	Level	Date Gained

## EMPLOYMENT HISTORY

Present Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address : \_\_\_\_\_ Date Appointed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Period of Notice : \_\_\_\_\_

Postcode: \_\_\_\_\_ Current Salary : \_\_\_\_\_

Why do you wish to leave your current employment?

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Please detail below all relevant previous employment during the past 5 years starting with the most recent, plus account for any gaps in employment of longer than 1 month.

Employer	Job Title and Duties	Period of Employment	Salary and Reason for leaving

Continue on an additional sheet if necessary

## ADDITIONAL INFORMATION

Please give a concise account of why you are applying and why you think you should be considered for the post. Give more details of your present duties, any relevant experience and training and any additional information you may wish to be considered in support of your application, including leisure, spare time interests and social activities where appropriate. Continue on a separate sheet if necessary.

## HEALTH

You may be required to complete a health questionnaire and attend a medical examination in connection with this application, role dependent, details of which will be provided at interview.

## DRIVING

Do you hold a current full driving licence? YES / NO  
Are you a car owner? YES / NO  
Would you be prepared to use your car on official business if necessary? YES / NO

## REFERENCES

Please give the names, addresses and telephone numbers of two people, one of whom must be your current or most recent employer, who may be contacted, at offer stage, regarding your suitability for this post.

Name: _____	Name: _____
Job Title: _____	Job Title: _____
Address: _____	Address: _____
_____	_____
Postcode: _____	Postcode: _____
Telephone No _____	Telephone No: _____
EmailAddress: _____	EmailAddress: _____

## AVAILABILITY FOR INTERVIEW

Please give dates when you are NOT available for an interview: \_\_\_\_\_

## DECLARATION

I certify that to the best of my knowledge the information given is correct and complete. If appointed I agree to the verification of the information by Bristol Water or their agents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### For office use only

REC	TEST	OFF
ACK	REG	REG
REG	INT	REF



# EQUAL OPPORTUNITIES MONITORING FORM

PRIVATE AND CONFIDENTIAL

Bristol Water plc is committed to a policy of equality of opportunity in its employment practices. The aim of the policy is to ensure that no applicant, employee or individual employed by a contractor to the company is less fairly treated by Bristol Water plc because of sex or marital status, race (including colour, nationality or ethnic origin), disability, age or other condition not justified in law to the performance of the job.

The following information will be used for monitoring purposes only and will not be used to decide whether to invite you for an interview or offer you employment.

## PERSONAL DETAILS

Title : Mr/Mrs/Miss/Ms/Other: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of dependants: \_\_\_\_\_

National Insurance No: \_\_\_\_\_

## DISABILITY

Do you consider yourself to have a disability? YES / NO

What is the nature of your disability?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORK PERMIT

Do you require a work permit to take up this appointment? YES / NO

If you have a work permit please give expiry date : \_\_\_\_\_

## ETHNIC ORIGIN

The following categories are those recommended by the Commission for Racial Equality.

How would you describe your ethnic origin ?

White  Indian

Black Caribbean  Pakistani

Black African  Bangladeshi

Black Other  Chinese

Other: \_\_\_\_\_

## CONVICTIONS

Do you have any unspent convictions? YES / NO

If YES please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL DETAILS

Position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you become aware of this vacancy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_