



APPLICATION FOR EMPLOYMENT

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

Please complete in black ink

Position applied for:	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?

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

Are you in good health? (If not, please give details) _____

Please give details of any medication, either self-administered or prescribed, which you are currently taking.

How many times have you been absent from work through ill health in the past 3 years and for how many days did each absence last?

You may be required to complete a health questionnaire and attend a medical examination in connection with this application.

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: _____

Email Address: _____

Email Address: _____

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: _____

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: _____

DISABILITY

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

What is the nature of your disability?

CONVICTIONS

Do you have any unspent convictions? YES / NO

If YES please give details: _____

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 : _____

ADDITIONAL DETAILS

Position applied for: _____

How did you become aware of this vacancy?
