

**EMPLOYMENT APPLICATION**

**CONFIDENTIAL**

**REF: AB/DCOPE16**

Please complete in clear <b>written</b> black ink. Continue on separate sheet where necessary.	
Post applied for:	
<b>Personal details:</b>	
Surname:	First name (s):
Address:	Tel No: daytime
	Tel No: evening
	Tel No: mobile
	Email:
<u>Employment Email Address:</u>	
<b>Employment history. Present/most recent</b>	
Employers name and address:	
Type of business:	
Your job title:	
Period of employment – from	to
Type of employment	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>
Salary: £	(gross before any deductions)
Other benefits:	
Major duties/responsibilities	
Is your present job your sole regular employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Period of notice/date available to start:	

**Previous posts**

Include any breaks in employment  
It is important that you give as much information as possible, we need to know what sort of work you did and what your responsibilities were.

*Continue on a separate sheet if necessary*

Dates From – to	Employers name, address and type of business	Your job description, final salary and reasons for leaving

<b>Education and training from age 12 years</b>				
Name & address of institution	Courses/ Subjects taken	Date (from – to)	Full or part time	Qualification/ grade
<b>Professional membership</b>				
Name of professional body	Grade of membership and whether by examination		Date of qualification	
Can you provide evidence of your qualification?				
If yes please state which				

<b>References:</b>	
Please give the names and addresses of two people who will give you a reference for this job. <i>If possible both people should be employers or people who have supervised your work.</i>	
(1) Name  Address   Tel No  Relationship  When & for how long have they known you?	(2)
Other details	
Are you a military reservist or do you need additional time for public duties	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a full driving licence?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have use of a car?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you prepared to use your car in the course of your work?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any current endorsements? If yes please give details	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require a work permit to work in UK?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been dismissed from a job? If yes please give details	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a criminal offence? If yes please say why and when.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Personal statement**

Please use this section, on separate sheets as necessary, to explain how your skills, experience and knowledge would make you a suitable candidate for the post. This could include voluntary work, leisure interests and other activities which you consider to be relevant to the position. In completing this section it is important to refer to the requirements in the job description/duties/person specification.

*Continue on separate sheets as necessary*

**Declaration and signature**

I confirm to the best of my knowledge and belief that the information given on this form is correct. I understand that any offer of employment will be subject to satisfactory references and that you may ask me to undergo a medical examination. Any misleading statement or deliberate omission will disqualify my application and lead to instant dismissal.

I consent to the necessary enquiries and checks being made in order to confirm that the information included in this application form is correct and to verify the authenticity of my qualifications.

Signature: ..... Date: .....

**Please return your completed form:**

Email: With covering letter for attention of The Clerk to [admin@somersetdbs.co.uk](mailto:admin@somersetdbs.co.uk)

Or

Post: Mr N Stevens, Clerk to the Board, Somerset Drainage Boards Consortium, Bradbury House, 33-34 Market Street, Highbridge, Somerset TA9 3BW

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**Monitoring for equal opportunities**

It is our policy to recruit staff on the basis of their ability and their suitability for the post they are applying for.

We will separate this page from the rest of the application before it is decided who to call for interview.

Name

Sex: Male  Female

Date of birth:

Ethnic origin

- White
- Black African
- Black Caribbean
- Black other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

**Disabilities**

Are you disabled? Yes  No

Signature: ..... Date: .....

## Notes for guidance

### **Ethnic origin**

The form lists a number of ethnic groups. You should put a tick against the one you feel you belong to. If the group you belong to is not listed, tick 'other' and provide details in the space provided.

### **Disability**

Defining a disabled person: a person has a disability if she he has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. People who have had disabilities in the past are included.

Impairment: covers physical and mental impairment (excluding mental illness and behavioural problems) including learning disabilities and hearing and sight impairments.

Substantial adverse effect: something which is more than a minor or a trivial effect and is beyond the normal differences in ability which exist among people.

Long-term effect: one which has lasted or is likely to last for at least 12 months or for the rest of the life of the person. Therefore, loss of mobility due to a broken leg which is likely to heal within 12 months or a long term illness which a person is likely to recover from within 12 months are not included.

Substantial effects of a disability which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

Normal day-to-day activities: those carried out by most people on a fairly regular and frequent basis. It does not include activities that are normal only for a particular person or group of people such as playing musical equipment or a sport to a professional standard or performing skilled or specialist tasks at work.

An impairment has a substantial adverse effect if it affects:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight (excluding people who wear spectacles)
- memory or ability to concentrate, learn or understand.

Severe disfigurement; is included without any need to demonstrate that the impairment has a substantial adverse effect on ability to carry out normal day-to-day activities.

Progressive illness: such as cancer, multiple sclerosis, HIV infection and muscular dystrophy are included from the moment the condition leads to an impairment which affects day-to-day activities.

Access requirements; these may include, for example, requirements relating to physical accessibility of the workplace, accessibility to information in different forms etc.