

# APPLICATION FORM

## Bedford Group of Drainage Boards



**POSITION APPLIED FOR:** \_\_\_\_\_

**The following information will be treated in the strictest confidence.**

### PERSONAL

(Please complete this section in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
Contact Tel. No:			Mobile Tel No.
Email:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			YES/NO
Please give details of any hours which you would not wish to work:			
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
Have you ever worked for this business before?			YES/NO
If YES, please give full details			
Have you applied for employment with this business before?			YES/NO
If YES, please give full details			
Do you need a work permit to take up employment in the U.K.?			YES/NO
How much notice are you required to give to your current employer?			

## EDUCATION DETAILS

Education History	From	To	Examinations and Results
Additional Formal / Work Based Training	From	To	Diploma/Qualification/Subject

## EMPLOYMENT DETAILS

Are you currently employed?  YES/NO

If yes:

Employer:	
Address:	
Telephone No:	
Nature of business:	
Job title and a brief description of your duties:	
Reason for Leaving:	
Length of Service:	

Please give details of your previous employment in chronological order (most recent first):

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

Please give details of membership of any technical or professional associations relevant to this role:

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Please briefly explain what has attracted you to this position:

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Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

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## DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature:	Date:
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## REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?      YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No:	Tel. No:
Email:	Email:

## SOURCE OF APPLICATION

How did you hear of this vacancy?

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