

Post Applied for:			Date:	
	Job App	lication For	m	
Closing Date:		Interview Date:		
Please complete this Applications received	form fully using black ink or after the closing date will not no	type . C.V. must be attached ormally be considered.	ed and are not a	accepted on their own.
THE INFORMA	ATION YOU SUPPLY ON	THIS FORM WILL BE	TREATED IN	CONFIDENCE.
Section 1	Personal detai	ls		
Last Name:		First Name:		
Address:				
Postcode:]	Letters Numl	pers Letter
Home Telephone Nº	2:	National Insurance №:		
Daytime Telephone	Nº:			
Mobile Telephone N	J º:			
E-mail address:				
Can we contact you (for external candidat		No 🗌		
	nain and take up employment rent immigration restrictions		No 🗌	
	relevant to post applied for.		No 🗌	

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.



Section 2 Present Employment

Name of Employer:
Address:
Postcode:
Post Title:
Date of Appointment: Salary:
Department / Section:
Brief description of duties:
Continue on a separate sheet if necessary
Period of Notice: Last day of service (if no longer employed):
Reason for leaving (if no longer employed): Did you receive any redundancy payment or retirement benefit? Yes No



Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

Name of Employer:	
Address:	
	Postcode
Danisian Hala	
Position Held:	
Summary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	
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Summary of duties:	
Summary of duties.	
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Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	
Continue on a separate	e sheet if necessary



Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Professional, Technical or Management Qualifications

Please give details:

Professional / Technical / Management Qualifications	Course Details
Membership of any Professional / T	echnical Associations - Please state level of Membership:

Continue on a separate sheet if necessary

Training and Development Section 5

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Continue on a separate sheet if necessary



Section 6	Personal Statement
Abilities, skills, knowled Please use this section to been involved in voluntary used.	dge and experience. explain in detail how you meet the requirements of the Job Description. If you are or have y/unpaid activities, please also include this information. Attach and label any additional sheets

Continue on a separate sheet if necessary



If yes, please give details:

Rehabilitation of Offenders Act (1974) Section 7 Do you have any convictions that are unspent under the Yes No rehabilitation of offender's act 1974? If yes, please give details / dates of offence(s) and sentence: Section 8 **DBS/CRB** police Checks The following information may be required if the post you are applying for has a requirement for a DBS/CRB police check. i.e. Government Projects **Enhanced Checks Only** Are you aware of any police enquires undertaken following allegations Yes No \square made against you, which may have a bearing on your suitability for this post? Section 9 **Disability Discrimination Act** This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. Do you have a disability which is relevant to your application? If yes, please give details: We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. Do we need to make any specific arrangements in order for you to Yes No attend the interview?



E-mail:

Section 10 Health

Your current health is important to us, please indicate below.						
Number of days sickness absence in the last 2 years:						
Please state number of occasions in the last 2 years:						
Section 11	References					
please clearly out			icable). If you are unable to do this, your present employer before an			
	Reference 1		Reference 2			
Name:		Name:				
Position:		Position:				
Work Relationship:		Work Relationship:				
Organisation:		Organisation:				
Address:		Address:				
	Postcode		Postcode			
Telephone №:		Telephone №:				

E-mail:



Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by WJ Groundwater Ltd purely for monitoring purposes. Application for the post of: To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. What is your Ethnic Group? Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background. Α. White D. Black or Black British White UK Black Caribbean Irish Black African Any other Black background White non-UK (please give details): Any other White background (please give details): В. Mixed E. Chinese or other ethnic group White & Black Caribbean Chinese White & Black African Vietnamese Any other ethnic background White & Asian (please give details): Any other Mixed background (please give details): I do not wish to provide this C. Asian or Asian British information Indian Pakistani Bangladeshi Any other Asian background (please give details):



Section 12 Recruitment Monitoring Form continued

Gende	er					
	Male		Female			
Disab	oility					
			nental impairment day to day activitie		substantial and long	term adverse effect on a
Do yo	u consider y	yourself disable	d? Yes [_ No	D	
If yes	s, please g	ive details:				
Prese	ent Status					
	Internal Ap	plicant	Exter	nal Applicant		
Age (Group					
	16-25		26-35		36-45	
	46-55		56-65		66-70	
	Over 70					
Media	a					
Р	Please state where you saw this post advertised					
For Office Use Only:						
Start	Date:					



Section 13	Declaration		
Signed:		Date:	

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from WJ Groundwater Ltd must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

WJ Groundwater Ltd undertakes that it will treat any personal information (i.e. data from which you can be identified) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. By signing this form you give your consent for the data to be used by WJ in line with Article 5 and 6 of GDPR requirements.

If you are returning this form by email, you will be asked to sign your application at the interview.

RETURNING THIS FORM



By Hand or Post:

WJ Groundwater Limited Unit 5, Abbotts Business Park Primrose Hill Kings Langley HERTS WD4 8FR **By E-Mail:** Jyoti@wjgl.com

Enquiries:

Telephone: 0208 950 7256