

LOWER SEVERN (2005) INTERNAL DRAINAGE BOARD

APPLICATION FORM

APPLICATION

Position:
Closing Date:
How did you become aware of this vacancy?

PERSONAL DETAILS

Surname:		Initials:	
Address:		Home Telephone Number:	
Postcode:		Mobile Telephone Number:	
		Email Address:	
		National Insurance No:	

Are you eligible to work in the UK? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, you will be required to provide original documents at the interview stage.
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Do you hold a current driving licence? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Do you have the use of a motor vehicle? <input type="checkbox"/> Yes / <input type="checkbox"/> No
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EDUCATION AND QUALIFICATIONS

Establishment	Qualification gained	Year gained
School:		
College / University:		
Other relevant courses attended in the last 5 years including job related training		
Establishment	Course	Year
Professional Qualifications:		

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EMPLOYMENT HISTORY – Starting with the most recent, please provide details of your employment since completing full-time education (including paid/unpaid work experience) in date order. If you have had more than 4 employers (or positions) please continue on a separate sheet. If you have no recent employment history, please provide details of any unpaid or voluntary work, if applicable.

CURRENT (or most recent) EMPLOYER

Name and address of Employer	From	To	Brief Summary of Duties	Full or Part-time	Reason for leaving
Position Held:				Salary per annum:	
How much notice are you required to give?					
If appointed to this post will you retain any other form of paid employment? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please provide details:					
Employer:			Job Title:		Hours worked per week:

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PAST EMPLOYMENT

Name and address of Employer	From	To	Brief Summary of Duties	Full or Part-time	Reason for leaving
Position Held:				Salary per annum:	

Name and address of Employer	From	To	Brief Summary of Duties	Full or Part-time	Reason for leaving
Position Held:				Salary per annum:	

Name and address of Employer	From	To	Brief Summary of Duties	Full or Part-time	Reason for leaving
Position Held:				Salary per annum:	

Are you a member of any professional body? Yes / No
 If yes, please state Association and length of membership:

Are you related to any employee of Lower Severn Internal Drainage Board? Yes / No If yes, please provide details:

Name:	Relationship:	Position Held:

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I confirm that to the best of my knowledge the information I have given on this form is correct and that any false or misleading information may result in my dismissal if I am appointed.

Signed:

Date:

If you are sending this application form by email then you are confirming that the details you provide are correct and complete.

Please return this form to:

Mr Kieran Warren, Lower Severn Internal Drainage Board, Waterside Buildings, Oldbury Naite,
South Gloucestershire, BS35 1RF

Telephone number: 01454 413340

Email: Kwarren@lowersevernidb.org.uk

Should you be unsuccessful in your application the Lower Severn Internal Drainage Board will retain your paper application form on file for a period of up to one year. If you do not wish your application to be retained on file please indicate by ticking the box.