External Application Form

Position you are applying for and location:







1. Personal Details

Surname:	Forename(s):	
Address (incl postcode):		
Home Tel:	Mobile Tel:	
Email address		

2. Education & Training

Please list your qualifications below. Please note you will be required to provide evidence of these qualifications at interview.

Subject	Grades / Qualifications	Date obtained





3. Current employment details

Current employer		
Job title	Notice period?	
Start date	Salary	
Brief description of role	e and responsibilities:	
1		

4. Previous employment

Please give details of your three previous positions starting with the most recent.

Company name:		Date from:	
Job title:		Date to:	
Brief summary of resp	onsibilities:		





Company name:		Date from:	
Job title:		Date to:	
Brief summary of resp	onsibilities:		
Company name:		Date from:	
Job title:		Date to:	
Brief summary of resp	onsibilities:	2 0.0 10.	
5. <u>Experience</u>	e, skills and knowledge		
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6. References

All appointments are subject to receipt of satisfactory references. Referees will not be contacted until an offer of employment is made.

Please give details of two people we can approach for references, one of whom should be your current or most recent employer.

Present or most recent employer	Previous employer/other
Name:	Name:
Position in company:	Position in company: (if applicable)
Business address:	Business address/ Address:
Telephone: Email:	Telephone: Email:

7. Medical

Wales & West Utilities are a safety critical organisation and have a zero tolerance approach to the misuse of drugs and alcohol in the workplace. We also need to ensure that you are medically fit to undertake your new role. We therefore, carry out pre-employment medical assessments (where necessary) and testing for the use of drugs and alcohol for all new employees before they can start work with us.

Should you be successful in being offered a position with us, you will receive a conditional offer letter while we wait for the results of your tests and a confirmed start date





will not be agreed upon until satisfactory results from your drug & alcohol test are received. If you fail these pre-employment assessments, Wales & West reserve the right to withdrawn the offer.

8. <u>Driving license</u>

Do you hold a current UK driving license?	Yes / No
Type of license held?	

9. How/where did you hear about this vacancy?

WWU Website	WWU Employee	Facebook	
Twitter	Other (please specify)		





Surname:

Address (incl

EQUAL OPPORTUNITIES

"Wales & West Utilities is an equal opportunities employer and actively encourages applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, gender reassignment, religion or belief, marital status, or pregnancy and maternity".

Wales and West Utilities are committed to providing equality of opportunity. In order to help us to ensure our policy is being carried out, we need the information below to analyse the applications we receive. Please complete this section and return it with your application form. When we receive your completed form, this and the following page will be removed and it will not be used in anyway as part of the selection.

Forename(s):

postcodo).				
Home Tel:		Mobile T	el:	
Email address				
Date of Birth:	/ /	Gender:		Male / Female
I would describe	my ethnic origi	in as: (Please tick or	ne box	only)
By ethnic origin w	e mean colour a	nd broad ethnic group	o. We d	o not mean nationality or
place of birth as L	JK citizens can b	elong to any of the gr	oups lis	sted*.
Black	П	Bangladeshi		
Biaon		<u> Dangia aconi</u>	_	
Black Caribbean		Chinese		
	_		_	
Black other	Ш	White	Ш	
Indian	П	Pakistani	П	
	_		_	
Other (please spe	ecify)			

*These groups are recommended by the Commission for racial equality.





ASYLUM AND IMMIGRATION ACT

Please provide us with either your Passport or NI Number:		
Passport:	NI Number:	
Nationality:		
If you are not a British/EC citizen can you provide eligible to work in the UK? Y/N	e documentary evidence that you are	

REHABILITATION OF OFFENDERS ACT

Do you have a criminal record? Yes / No

Please give details of any *'unspent' convictions where applicable:

*You are not required to disclose spent convictions covered by the Rehabilitation of Offenders Act. A conviction becomes 'spent' after a certain amount of time which varies depending upon the sentence and your age at the time of conviction. If you have any doubts about declaring a previous conviction you should contact your local probation office, the Citizen's Advice Bureau or your solicitor.

DECLARATION

Wales and West Utilities hereby informs you that they intend to process the personal and sensitive data contained within this document and disclose this data to the appropriate departments. This will not be limited to Line Management, Occupational Health and Human Resources.

Please sign below indicating your consent to the aforementioned processing and disclosure and declaring that the information on this form is true and complete and that if it is discovered that any statements are false or misleading, you will be liable to have your application disqualified or to be dismissed from the employment of Wales & West Utilities.

Signed: Date:

Please email your application to Recruitment@wwutilities.co.uk or via post to H.R. Department, Wales & West Utilities, Wales & West House, Spooner Close, Celtic Springs, Coedkernew, Newport, NP10 8FZ.

