

CENTRAL WATER AUTHORITY

Head Office: St Paul, Phoenix

Telephone: (230) 601 5000 Fax: (230) 686 6264

For Office use only	
Remarks:	

APPLICATION FOR EMPLOYMENT

Confidential

Please complete this form in typescript or block letters. You may continue on a separate sheet (preferably A4 size), but please ensure that any additional sheets bear your full name and the advertisement reference number.

Please state the post to which this application refers:				Advertisement reference (if any):
SURNAME:			TITLE:	Do you hold a full valid driving licence?
FIRST NAME:			DATE OF BIRTH:	YES/NO
MARITAL STATUS:				Category of licence:
NATIONAL ID NO.:				e.g Car, Van
NATIONAL ID NO				
MAIDEN NAME OR P	REVIOUS SUR	NAME:		GENDER:
ADDRESS:				TEMPORARY ADDRESS FOR COMMUNICATION: (if applicable)
CONTACT NO: Home: Mobile: Office:				CONTACT NO:
EDUCATION AND QU	JALIFICATION			
DATES SCHOOL FROM TO		DL / COLLEGE	QUALIFICATION AND GRADES OBTAINED	
UNIVERSITY / FURTH	IER EDUCATION	ON		
DATES		UNIVERSITY		QUALIFICATION AND GRADES OBTAINED
FROM	ТО			(SPECIFY IF FULL/ PART TIME ETC.)
Professional Body:				
Membership Status (W Date Obtained	hether by exar	<i>mination)</i> and		
OTHER TRAINING: Give	details of cou	rses etc. and date	s: (A separate sheet may be	used if necessary)

EMPLOYMENT HISTORY

POSTS HELD AND EXPERIENCE

Give details of posts held, names and addresses of employers and particulars of your employment. When experience has been particularly relevant to your application, describe fully the nature of work undertaken.

DATES		EMPLOYERS NAME AND ADDRESS, NATURE OF BUSINESS	WAGES
FROM	то	GIVE DETAILS OF JOB PURPOSE AND DUTIES – PRESENT POST FIRST	SALARY/GRADE

SPECIAL PERSONAL ATTAINMENTS/ABILITIES AND LEISURE INTEREST

PERSONAL STATEMENT

Why do your qualifications, experiences and personal qualities make you a suitable candidate for the position applied for? This statement may be continued on a separate sheet if necessary.

REFERENCES

Please give (in block letters) the names, postal addresses and occupation of two referees who can comment upon your experiences and qualifications for this employment, one of whom should be your current or previous employer.

Name:	
Address:	
Occupation:	Occupation:
Telephone No:	
My current employer may/may not be	e approached for reference.
(a) Have you ever been subject to crin	ninal proceedings which have resulted in conviction? Yes/No*
(b) Have you ever been dismissed fro	m any employment? Yes/No*
*Tick as appropriate. If the answer	is "Yes", please give details and attach any statement.
ncomplete, inadequate or inaccurate fi ffence to give false information on this	lling of the form may cause the applicant's elimination from consideration. It is a form.
ppointment. I am prepared to undergo	e correct and I understand that any misrepresentation may invalidate any resulting a medical examination, if required, and confirm that to the best of my knowledguld prevent me from undertaking the duties of this post.
ignature of applicant:	Date: