

**CENTRAL WATER AUTHORITY**

Head Office: St Paul, Phoenix

Telephone: (230) 601 5000

Fax: (230) 686 6264

Confidential*For Office use only*

Remarks:

APPLICATION FOR EMPLOYMENT

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 <i>(if any)</i> :
SURNAME:	TITLE:	Do you hold a full valid driving licence? YES/NO
FIRST NAME:	DATE OF BIRTH:	
MARITAL STATUS:		Category of licence: e.g Car, Van
NATIONAL ID NO.:		
MAIDEN NAME OR PREVIOUS SURNAME:		GENDER:
ADDRESS:		TEMPORARY ADDRESS FOR COMMUNICATION: <i>(if applicable)</i>
CONTACT NO: Home: Mobile: Office:		CONTACT NO:
EDUCATION AND QUALIFICATION		
DATES		SCHOOL / COLLEGE
FROM	TO	
UNIVERSITY / FURTHER EDUCATION		
DATES		UNIVERSITY
FROM	TO	
		QUALIFICATION AND GRADES OBTAINED (SPECIFY IF FULL/ PART TIME ETC.)
Professional Body: Membership Status <i>(Whether by examination)</i> and Date Obtained		
OTHER TRAINING: Give details of courses etc. and dates: <i>(A separate sheet may be used if necessary)</i>		

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:-----	Name:-----
Address:----- ----- -----	Address:----- ----- -----
Occupation: -----	Occupation: -----
Telephone No:-----	Telephone No:-----
My current employer may/may not be approached for reference.	

(a) Have you ever been subject to criminal proceedings which have resulted in conviction? Yes/No*

(b) Have you ever been dismissed from any employment? Yes/No*

*Tick as appropriate. If the answer is "Yes", please give details and attach any statement.

Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information on this form.

I confirm that the above statements are correct and I understand that any misrepresentation may invalidate any resulting appointment. I am prepared to undergo a medical examination, if required, and confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of this post.

Signature of applicant:.....

Date:.....