



# CUMBRIA WASTE MANAGEMENT GROUP



## Application for Employment

Position applied for: \_\_\_\_\_

Where did you hear / read about this vacancy? \_\_\_\_\_

Please detail the name of anyone you know who is currently employed within CWM Group and your relationship with them : \_\_\_\_\_

<b>Title</b>			
<b>First Name/s</b>			
<b>Surname</b>			
<b>Home Address</b>			<b>Telephone Numbers</b>
			Home
<b>Post Code</b>			Mobile
			Other daytime contact
<b>National Insurance Number</b>			

Have you been convicted of a criminal offence, which is not spent under the Rehabilitation of Offenders Act? \_\_\_\_\_ If yes, please provide brief details.

**Please note that any offer of employment will be subject to the applicant providing documentation to prove his/her eligibility to work in the UK.**

### PRESENT EMPLOYMENT

Job Title \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Salary / Hourly Rate \_\_\_\_\_ Start date \_\_\_\_\_

Main duties \_\_\_\_\_

Reason for wanting to leave \_\_\_\_\_ Notice period \_\_\_\_\_

**OTHER EMPLOYMENT**

These should be in date order, most recent first. There should be no gaps unaccounted for. Please detail any periods of unemployment.

Name and Full address of employer	Dates From - To	Position Held and Duties Undertaken	Salary	Reason for leaving

**SECONDARY EDUCATION**

Give details of Secondary Schools attended. Please attach copies of relevant certificates if possible.

<u>Name of School</u>	<u>Dates Attended</u> From To	<u>Qualifications</u> Date Subject Result

**FURTHER EDUCATION**

Give details of colleges/universities or post-graduate courses attended and qualifications received. Please attach copies of relevant certificates if possible.

<u>Name of Establishment</u>	<u>Dates Attended</u>		<u>Date</u>	<u>Qualifications</u>	
	<u>From</u>	<u>To</u>		<u>Subject</u>	<u>Result</u>

**WORK-RELATED TRAINING COURSES**

Give details of work-related training courses (e.g. First Aid, NVQ, FLT, CITB) and qualifications received. Please attach copies of relevant certificates if possible.

<u>Description</u>	<u>Training Provider</u>	<u>Date Obtained</u>	<u>Renewal Date</u> (if applicable)

**REFEREES**

Please provide the name and telephone number of two of your most recent managers who you are happy for us to contact now:

1) Name \_\_\_\_\_ Company \_\_\_\_\_

Telephone number \_\_\_\_\_

2) Name \_\_\_\_\_ Company \_\_\_\_\_

Telephone number \_\_\_\_\_

In addition please give the name, occupation and postal address of two responsible persons to whom you are not related, and to whom a reference can be made. One referee should be your present or most recent employer. If you do not wish your present employer to be approached at this stage, please state the reason why below their details.

1) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

2) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**INTERESTS**

Please describe your leisure interests

Do you hold a full driving licence? \_\_\_\_\_ If yes, please detail any endorsements \_\_\_\_\_

Do you have your own car? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please give details of any experience or skills which you feel are relevant to the post; this can include experience or skills gained in previous jobs or in other areas such as temporary work, voluntary work, or spare time activities. Attach additional sheets as necessary.

All information contained in this form will be treated as **strictly confidential**.  
I declare that the information contained in this form is to the best of my knowledge correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CUMBRIA WASTE MANAGEMENT GROUP

## Equal Opportunities Monitoring Form



In order to assess how well our Equal Opportunities Policy is working, Cumbria Waste Management Group monitors the process of employee selection. You are therefore requested to assist us by completing the questions below. **Please Note: This information is for the use of the Personnel Manager for monitoring purposes only.**

NAME
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<b>GENDER</b>			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

<b>ETHNIC ORIGIN</b>			
White	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other (please specify)			

<b>DISABILITY</b>			
Do you have a physical or mental impairment which has a substantial, adverse and long-term effect on your ability to carry out normal day-to-day activities?			
Yes (please explain) _____	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, are you registered?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please detail the effect your disability may have on your ability to carry out the role?			

<b>DATE OF BIRTH:</b>
<b>MARITAL STATUS:</b>
<b>NATIONALITY:</b>
<b><u>FAMILY-FRIENDLY POLICIES</u></b>
Number of children (under 18 years of age):
Their ages:

Signed \_\_\_\_\_ Date \_\_\_\_\_