



# Isle of Man Water Authority

*lught-reill ushtey ellan vannin*

## Employment Application Form

Please complete in blue/black ink

When completed please return to: Isle of Man Water Authority, Tromode Road, Douglas, Isle of Man, IM2 5PA.

Tel: 01624 695949 Fax: 01624 695956 Email: [water@gov.im](mailto:water@gov.im)

Post applied for

Mr/Mrs/Miss/Ms

Forename

Surname

Address

  
  

Telephone No. (Home)

(Business)

(Fax)

Date of Birth

 /  / 

Nationality

Marital status

Are you an Isle of Man Worker?

Yes

No

If No, please give details

If living on the Isle of Man, please give the date you took up residence

 /  / 

Do you hold a current UK/Isle of Man valid Driving Licence? (please tick)

Yes

No

Have you any disability?

Yes

No

If Yes, please give details

  

Are you a Registered Disabled Person?

Yes

No

National Insurance Number







# Isle of Man Water Authority

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## References

Please provide the names and addresses of two persons (other than relatives) from whom references may be obtained. Where possible, please name someone who can comment on your work performance.

DO NOT give your present employer (please see note below).

Name	Organisation	Professional/Personal Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Can your present employer be contacted for a reference? Yes  No

If No, please state reason

If Yes, please state your employer's details:

Name	Organisation	Address	Position you held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	
		<input type="text"/>	

## Declaration

I declare that, to the best of my knowledge and belief, the information in this application form is true and accurate.

Signature

Date