



The Somerset Gas Company

Application Form

17 Knights Road
Chelston Business Park
Wellington
Somerset
TA21 9JH

Tel: 01823661144
Fax: 01823661155

E-mail: joe@somersetgascompany.co.uk

POST APPLIED FOR	
CLOSING DATE	

PERSONAL DETAILS

SURNAME	
OTHER NAMES	
TITLE	
ADDRESS	
HOME TELEPHONE	
WORK TELEPHONE	
DATE OF BIRTH	
AGE	
NI NUMBER	

PRESENT EMPLOYER

NAME OF CURRENT EMPLOYER	
JOB TITLE	
DATE COMMENCED	
PRESENT SALARY	
SALARY RANGE	
REPORTING TO	
NOTICE REQUIRED	
OUTLINE YOUR MAIN TASKS, RESPONSIBILITIES AND ACHIEVEMENTS (CONTINUE ON A SEPARATE SHEET IF NECESSARY)	

OCCUPATIONAL HISTORY (MOST RECENT FIRST) (CONTINUE ON A SEPARATE SHEET IF NECESSARY)

EMPLOYER	FROM-TO	JOB TITLE & MAIN TASKS

DETAILS OF WORK TRAINING (MOST RECENT FIRST)

COURSE	RUN BY	DATE

SECONDARY/FURTHER/HIGHER EDUCATION ATTENDED
(IN DATE ORDER)

(IN

ESTABLISHMENT	FROM	TO	QUALIFICATION AWARDED	DATE

PROFESSIONAL QUALIFICATIONS (MEMBERSHIP OF PROFESSIONAL BODIES)

PROFESSIONAL BODY	QUALIFICATION	DATE AWARDED

HOBBIES & OTHER INTERESTS

WHY ARE YOU APPLYING FOR THIS POST & WHAT CAN YOU OFFER IN TERMS OF YOUR PERSONALITY/ABILITIES/SKILLS/APTITUDES/EXPERIENCE/ACHIEVEMENTS? (CONTINUE ON SEPARATE SHEET IF NECESSARY)

Please provide names, addresses & professional status of two referees, both of whom should be qualified to confirm your competence for the post. One should be your present or most recent employer. Please mark 'X' in the box if you do not wish him/her to be contacted prior to interview. In this event, if possible, the second referee should be your previous employer.

REFEREE 1	REFEREE 2

All information will be treated as confidential and will be used only to carry out Company duties under the Disability

Discrimination Act 1995.

Do you consider yourself to have a disability? **YES** **NO**

If yes, please answer the following questions on a separate sheet:

- a) Would the provision of any aids or modification assist you in carrying out the duties of the post?
- b) Is there anything we need to know about your disability in order to offer you a fair selection interview?

Do you know anyone employed by the Company? **YES** **NO**

If yes, please state who.

Date on which you could take up appointment if appointed _____

<u>I CONFIRM THAT THE INFORMATION GIVEN BY ME IS CORRECT.</u>	
SIGNATURE OF APPLICANT	DATE

PLEASE RETURN TO: Joe Lewis
The Somerset Gas Company Ltd
17 Knights Road
Chelston Business Park
Wellington
TA21 9JH

NOTES:

Equal Opportunities Policy

The Somerset Gas Company Ltd intends to ensure that no employee or job applicant should receive less than favourable treatment than another on the grounds of gender, marital status, racial origin, disability, sexual orientation or political/religious belief. Its recruitment practices will exclude all assumptions, preferences or judgements that are not strictly job related.

Canvassing

Canvassing the support of employees or directors of the Company may lead to disqualification of a candidates application.