



**PHOTO**

**TEL: 00350 20040880**

**The application form should be completed by the applicant in writing and returned to Superintendent Administration, AquaGib Ltd, Suite 10B, Leanse Place, 50 Town Range, Gibraltar.**

**VACANCY FOR THE POSITION OF SEMI-SKILLED OPERATIVE**

**1. PERSONAL DETAILS**

Surname: \_\_\_\_\_ Title: (Mr/Mrs/Ms) \_\_\_\_\_

Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_ Currently in Employment? Y/N: \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

May AquaGib contact your current employer? Y/N: \_\_\_\_\_

## 2. ACADEMIC QUALIFICATIONS

GCSE (or equivalent) - SUBJECT		GRADE	DATE
A LEVELS (or equivalent) - SUBJECT		GRADE	DATE
DEGREE (or equivalent)	DIPLOMA	COURSE	DATE

### ADDITIONAL TRAINING COURSES UNDERTAKEN

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**3. EMPLOYMENT HISTORY (most recent first)**

	FROM	TO

**4. REFERENCES (Please provide two referees who we may contact to provide us with references about yourself)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email address: \_\_\_\_\_

**5. FURTHER INFORMATION** (Add any information about yourself which you consider relevant)

**6. DATA PROTECTION ACT 2004**

Under the Data Protection Act 2004, AquaGib Ltd, reserves the right to collect, store and process personal data about applicants in so far as it is relevant to their application for employment. This application form will remain on file for as long as administratively necessary and then be destroyed. All personal information held will be processed in accordance with the Data Protection Act 2004.

**7. (a) EQUALITY OF OPPORTUNITY**

AquaGib Ltd is committed to a policy which ensures that all job applicants and employees receive equality of opportunity, therefore ensuring that all recruitment is solely on merit.

No applicant or employee will receive less favourable treatment on the grounds of age, disability, race, religious belief, sex or sexual orientation, or will be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

## 7. (b) DISABLED APPLICANTS

In order to help us implement our equal opportunities policy effectively, please indicate below if you would like us to provide any particular assistance for your interview, as a result of disability.

Please specify type of assistance required, eg wheelchair access \_\_\_\_\_

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## 7. (c) DECLARATION OF CRIMINAL OFFENCES

Have you been court martialled, or been convicted of a criminal offence within the last 10 years?  
(Please tick below)

**YES**

**NO**

If you have ticked yes then you must complete the table below. Please use additional sheet if necessary.

Date	Offence	Sentence	Pending Charges (Give dates)

Having a criminal record will not necessarily bar you from taking up employment with AquaGib Ltd. This will depend on the nature of the position applied for and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the position for which you are applying.

**Failure to disclose any information requested in this section, may lead to the withdrawal of an offer of appointment, or termination of employment if you have already been appointed.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(In Block letters)

Signature: \_\_\_\_\_

## 8. STATEMENT TO BE SIGNED BY APPLICANT

I hereby give consent to the collection, storage and processing of my personal details in connection with my application and as outlined in this application form.

I confirm that to the best of my knowledge, the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information may result in withdrawal of an offer of employment, or my appointment being terminated if I have already been appointed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(In Block letters)

Signature: \_\_\_\_\_

I understand that a shortlist will be produced and that only those applicants that are included in the shortlist will be interviewed.

I also understand that if I am selected for the position, that my employment will be subject to my being passed medically fit at a Medical Examination which I will be required to attend prior to appointment:

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_