

### WATER MANAGEMENT ALLIANCE (EASTERN)

### WATER LEVEL MANAGEMENT OPERATIVE

The Water Management Alliance (Eastern), which includes Broads, East Suffolk and Norfolk Rivers Internal Drainage Boards require a Water Level Management Operative to join their direct workforce to undertake ditch maintenance works and minor construction works as directed by the Project Engineer throughout the Water Management Alliance (Eastern) Internal Drainage Boards' area.

This position includes emergency and on call duties, as required. A valid CSCS blue card and/or NPORS card is desirable although training can be provided. Some knowledge of Drainage Board operations is desirable. The position attracts a competitive hourly rate together with opportunities for overtime, plus an attractive benefits package.

To apply for this position please download the application pack from our website: <u>https://www.wlma.org.uk/career-opportunities/</u>. Please return your completed application by email to <u>info@wlma.org.uk</u> or alternatively to the Board's office at Kettlewell House, Austin Fields Industrial Estate, King's Lynn, PE30 1PH, Norfolk, by no later than 28 February 2020.

14 February 2020



### WATER LEVEL MANAGEMENT ALLIANCE (EASTERN) COMPRISING BROADS IDB, EAST SUFFOLK IDB AND NORFOLK RIVERS IDB

### JOB DESCRIPTION

- Job Title: Water Level Management Operative
- Qualifications: Full clean driving licence

CPCS or LANTRA for excavator above and below 8T

A current CSCS blue card and/or NPORS Card is desirable, however, training can be provided for suitable applicants.

Responsible To: Project Engineer

Responsible For: Nil staff

### Summary of Duties

As a member of the Direct Labour Team you will undertake mostly machine based maintenance works as instructed and to the standard detailed by the Project Engineer to ensure that each Board's systems function adequately to manage the water levels within their individual districts and in accordance with the Board's Health and Safety and Standard Maintenance Operations Procedures. Periods of hand work may also be required and operation of IDB structures to ensure water level control may also be required.

### **Detailed Responsibilities**

### Water Course Maintenance

• As directed by the Project Engineer and in accordance with Standard Maintenance Operations Procedures.

### **Construction Works**

- Groundworks at Pumping Stations and at other locations as required.
- Installation of culverts etc.

### Reforming Works

• Reprofiling of watercourse to original design standard as specified by each Board's Engineering Department.

### Depot/Yard

- Loading/unloading of materials.
- Collection and transportation of materials to site.
- Miscellaneous site duties.

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### JOB DESCRIPTION

### Plant and Equipment

- Ensure that all plant and equipment that you are using is safe and that the relevant checks are carried out and forms filled in and concerns or issues are reported to the Project Engineer.
- Liaise with the Project Engineer to ensure that you have all the necessary equipment and materials available to carry out your duties.
- Completion of vehicle log sheets and plant log sheets.

### Environmental

- Attend any training courses deemed necessary by the WMA (Eastern) Boards.
- Ensure that you undertake all works in an environmentally sensitive manner in accordance with each Board's Standard Maintenance Operations Procedures.

### Health and Safety

- Attend any training courses deemed necessary by the WMA (Eastern) Boards.
- Comply with the Board's Health and Safety Policy, Generic Risk Assessments and site specific risk assessments and rules at all times and actively carry out a dynamic risk assessment before performing any task.
- Comply fully with the lone working procedures.

### Miscellaneous

- Pruning and/or removal of trees and bushes on drain banks.
- Accurately log the condition of drains and structures on the relevant job card, reporting any problems/damage (e.g. slips) to the Project Engineer.
- Participation in the duty rota to ensure that 24/7 cover is provided during a flood event.
- Any other duties that you are reasonably requested to do.

# APPLICATION FORM WMA (EASTERN)

# POSITION APPLIED FOR: Water Level Management Operative

# The following information will be treated in the strictest confidence.

## PERSONAL

(Please complete this section in BLOCK CAPITALS)

| Surname:  |              |            |                              | First Name     | e(s):     |                 |  |         |
|---|--------------|------------|------------------------------|----------------|-----------|-----------------|--|---------|
| Address:  |              |            |                              |                |           |                 |  |         |
|   |              |            |                              |                |           |                 |  |         |
|   |              |            |                              |                |           |                 |  |         |
|   |              |            |                              |                | NIa       |                 |  |         |
| Contact Tel. N  | 0:           |            |                              | Mobile Tel     | NO.       |                 |  |         |
| E-mail:   |              |            |                              |                |           |                 |  |         |
| Full Driving Lic  | cence:       |            | YES/NO                       | Endorsem       | ients:    |                 |  | *YES/NO |
| * If YES, pleas   | se give fur  | ther deta  | ils including dates.         |                |           |                 |  |         |
| Are you involv<br>e.g., local gove  |              | activity v | which might limit your avail | ability to wo  | rk or you | r working hours |  | YES/NO  |
| If YES, please  | give full d  | letails.   |                              |                |           |                 |  |         |
| Are you subject   | ct to any re | estrictior | is or covenants which migh   | nt restrict yo | ur workin | g activities?   |  | YES/NO  |
| If YES, please give full details  |              |            |                              |                |           |                 |  |         |
| Are you willing to work overtime and weekends if required? YES/NO   |              |            |                              |                | YES/NO    |                 |  |         |
| Please give details of any hours which you would not wish to work:  |              |            |                              |                |           |                 |  |         |
| Have you any convictions (other than spent convictions under the Rehabilitation of Offenders<br>Act 1974)? YES/NO   |              |            |                              |                |           |                 |  |         |
| If YES, please give full details  |              |            |                              |                |           |                 |  |         |
| If offered employment, you will be required to complete a Pre-Employment Medical YES/NO Questionnaire. Are you prepared to undergo a medical examination before employment? |              |            |                              |                |           |                 |  |         |
| Have you ever worked for this business before?  |              |            | YES/NO                       |                |           |                 |  |         |
| If YES, please give full details  |              |            |                              |                |           |                 |  |         |
| Have you applied for employment with this business before? YES/I  |              |            |                              | YES/NO         |           |                 |  |         |
| Do you need a work permit to take up employment in the U.K.?  |              |            | YES/NO                       |                |           |                 |  |         |
| How much notice are you required to give to your current employer?  |              |            |                              |                |           |                 |  |         |

# **EDUCATION**

| Schools attended since age 11 | From   | То | Examinations and Results |
|-------------------------------|--------|----|--------------------------|
| ¥                             |        |    |                          |
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|                               |        |    |                          |
|                               |        |    |                          |
| College or University         | From   | То | Courses and Results      |
| College or University         | FIOIII | 10 |                          |
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|                               |        |    |                          |
| Further Formal Training       | From   | То | Diploma/Qualification    |
|                               |        |    |                          |
|                               |        |    |                          |
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|                               |        |    |                          |
|                               |        |    |                          |
|                               |        |    |                          |
|                               |        |    |                          |
| Job related Training Courses  | Date   |    | Subject                  |
| Name of Organisation          |        |    | -                        |
|                               |        |    |                          |
|                               |        |    |                          |
|                               |        |    |                          |
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|                               |        |    |                          |

Please give details of membership of any technical or professional associations:

Please list languages spoken and the level of competence:

## **EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

| Name and address of employer | Dates | Position held/Main duties | Reason for leaving |
|------------------------------|-------|---------------------------|--------------------|
|                              |       |                           |                    |
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|                              |       |                           |                    |

# PRESENT OR LAST EMPLOYER

| Are you currently employed                        | ed? YES/NO                        |     |  |  |  |
|---|-----------------------------------|-----|--|--|--|
| Name of present or last                           | Name of present or last employer: |     |  |  |  |
| Address:  |                                   |     |  |  |  |
|   |                                   |     |  |  |  |
| Telephone No:                                     |                                   |     |  |  |  |
| Nature of business:                               |                                   |     |  |  |  |
| Job title and a brief description of your duties: |                                   |     |  |  |  |
|   |                                   |     |  |  |  |
|   |                                   |     |  |  |  |
|   |                                   |     |  |  |  |
| Reason for Leaving:                               |                                   |     |  |  |  |
| Length of Service:                                | From:                             | To: |  |  |  |

### INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

### SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

### DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 2018.

| Signature: | Date: |
|------------|-------|
|------------|-------|

### REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

| Name:     | Name:     |
|-----------|-----------|
| Position: | Position: |
| Address:  | Address:  |
|           |           |
|           |           |
| Tel. No:  | Tel. No:  |

## SOURCE OF APPLICATION

How did you hear of this vacancy?

# **PRE – EMPLOYMENT MEDICAL QUESTIONNAIRE**

| Full Name:  |  |
|-------------|--|
| Address:    |  |
| Contact No: |  |

### We will not contact your doctor without your prior written consent.

| 1. | How many days' absence have you had from work in the last three years?  | Days   |
|----|---|--------|
| 2. | Are you currently on medication (excluding contraceptives)?   | YES/NO |
|    | If YES please give further details.   |        |
| 3. | Have you spent time in hospital in the last three years?  | YES/NO |
|    | If so, why?   |        |
| 4. | Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? | YES/NO |
|    | If YES, please give further details.  |        |
| 5. | Do you consider yourself to have a disability?  | YES/NO |
|    | If YES, please give further details.  |        |

#### **Data Protection Notice:**

The Board requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Equality Act 2010.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 2018.

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge. I consent to the Board collecting and retaining this data in accordance with the Data Protection Act 2018.

Signature:

Date: