



WATER MANAGEMENT ALLIANCE (EASTERN)

WATER LEVEL MANAGEMENT OPERATIVE

The Water Management Alliance (Eastern) Internal Drainage Boards, comprising Broads, East Suffolk and Norfolk Rivers Internal Drainage Boards require a Water Level Management Operative to join their direct labour team to undertake ditch maintenance works and minor construction works as directed by the Field Team Operations Manager 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: <https://www.wlma.org.uk/career-opportunities/> . Please return your completed application by email to info@wlma.org.uk or alternatively to the Board's office at Kettlewell House, Austin Fields Industrial Estate, King's Lynn, PE30 1PH, Norfolk, by no later than 15 January 2018.

18 December 2017

**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

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

Postholder:

Responsible To: Field Team Operations Manager (Norfolk)

Responsible For: Nil staff

Summary of Duties

As a member of the Direct Labour Team you will undertake maintenance works as instructed and to the standard detailed by the Field Team Operations Manager 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.

Detailed Responsibilities

Water Course Maintenance

- As directed by the Field Team Operations Manager and in accordance with Standard Maintenance Operations Procedures.

Construction Works

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

Reforming Works

- Reprofilng 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 Field Team Operations Manager.
- Liaise with the Field Team Operations Manager 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 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 Field Team Operations Manager.
- 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(s):	
Address:			
Contact Tel. No:	Mobile Tel No.		
E-mail:			
Full Driving Licence:	YES/NO	Endorsements:	*YES/NO
* If YES, please give further details including dates.			
Are you involved in any activity which might limit your availability to work or your working hours e.g., local government?			YES/NO
If YES, please give full details.			
Are you subject to any restrictions or covenants which might restrict your working activities?			YES/NO
If YES, please give full details			
Are you willing to work overtime and weekends if required?			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 Act 1974)?			YES/NO
If YES, please give full details			
If offered employment, you will be required to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination before employment?			YES/NO
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/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	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

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

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

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 1998.

Signature:	Date:
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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?

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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)? If YES please give further details.	YES/NO
3. Have you spent time in hospital in the last three years? If so, why?	YES/NO
4. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	YES/NO
5. Do you consider yourself to have a disability? If YES, please give further details.	YES/NO

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 Disability Discrimination act 1995.

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 1998.

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 1998.

Signature:

Date: