

# APPLICATION FOR EMPLOYMENT



Please print clearly

Position Applied for:	Date Application Form completed
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Title	Surname	Forenames
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National Insurance No.	
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Address	Telephone
	Mobile
Postcode	Are you legally eligible for employment in the UK? <b>Yes / No</b>

Do you have a current driving licence? <b>Yes / No</b>	Please state class of licence _____
Is it clean? <b>Yes/No</b> If No, please give details below:	
Do you have a Digital Tacograpgh card? Yes / No	Do you have Driver CPC Training / Card? Yes / No

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? <b>Yes / No</b>
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Would you be willing to work away from home? <b>Yes / No</b>	Have you previously worked for us? <b>Yes/No</b> If Yes, When?
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If offered this position, will you continue to work in any other capacity?	On what date would you be available for work?
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Do you have any known or suspected prevailing medical conditions?	<b>Yes/No</b>
Is your ability to perform the particular job for which you are applying limited in any way?	<b>Yes/No</b>
If you have answered " <b>Yes</b> " to either of the above, please provide full details:	

### Education & Training

Secondary School/Further Education	From	To	Qualifications Received

Other formal training (e.g. Dumper, FLT, Abrasive Wheels)	Awarding Body (e.g. CPCS, In house)	Renewal Date

Professional Membership and qualifications
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Continued overleaf

### Employment History

List below present and past employers, beginning with your most recent.

Name and Address of Employer	Position Held	From	To	Reason for leaving
1)  Tel.:				
2)  Tel.:				
3)  Tel.:				
Please detail the skills and experience you have gained which are relevant to the position applied for.				

### References

Name and Address of Reference 1	Name and Address of Reference 2
Tel.:	Tel.:

I hereby confirm that the details provided are true and accurate. I also give my permission for the company to contact my previous employers concerning my prior work experience. Please indicate any employer you do not wish us to contact.

Signed .....

Date .....

FOR OFFICE USE ONLY		
Application Form received by: _____	Date _____	
Application: <b>Accepted / Not Accepted / Retained on File</b> (delete as appropriate)		
Reference Check		
Reference	Contact	Result of Reference Check
Interview		
Interviewer _____	Date _____	
Comments		
Application Accepted		
Start Date _____	Employed by _____	
Department _____	Job Description _____	
Rate of Pay per <b>Hour/ Week/ Month</b> (delete as appropriate)		

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