

Application Form

The details given in this application form will be treated as strictly confidential.

Position applied for	Date of application
Have you worked for us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where and when?	Have you applied to us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?

Personal Details

Surname	Forename(s)
Title: Mr Mrs Miss Ms Dr	Date of birth
Permanent address	Telephone(s)
	Email
National Insurance Number	Are you legally entitled to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any criminal convictions which are not spent under the Rehabilitation of Offenders Act 1974? If yes, please give details:

Applicants for driving positions only

Please enclose photocopies of your Driving Licence, and CPC Driver Card if you have one.

Do you hold a current UK driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold an LGV1 licence? LGV1 <input type="checkbox"/> Other/no <input type="checkbox"/>	Do you have a digital tacho card? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a fork lift truck licence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Full details of any current endorsements, and/or previous disqualifications:			If yes, which type?
How many hours' driver CPC training have you completed in the last 5 years?			
Please give dates and further details under the 'Skills, Experience and Training' section.			

Office use only

Score	Interview date
Start date	References checked

Present employment				
Employer's name & address	Start date	Job title & duties	Average earnings	Reason for wanting to leave

Previous employment (most recent first)				
Employer's name & address	Start and leave dates	Job title & duties	Average earnings	Reason for wanting to leave

Education & Qualifications			
School/college/university	Dates	Qualifications/subjects	Grades

Skills, Experience and Training

Please give details here of any other experience, skills or training you feel will support your application:

Availability

May we telephone you at work?

Yes No

When will you be available to start?

References (one being your most recent employer)

Name

Name

Position

Position/relation to you

Address

Address

Adjustments for interview

Do you consider yourself to have a disability that you would like to declare? Are there any reasonable adjustments we might consider at interview?

Declaration

I hereby declare that to the best of my knowledge and belief, the information contained in this form is true and accurate. I understand that any false declaration may render me liable to dismissal.

Signed

Date