



## APPLICATION FORM

**Please write clearly in BLOCK CAPITALS.  
All sections must be completed if applicable**

Position applied for :	Ref No :
How did you hear of the vacancy :	
Are you looking for full or part time hours :	
Present Notice Period Required :	
Date available to start work :	
Are you legally eligible for employment in the UK : YES <input type="checkbox"/> NO <input type="checkbox"/>	

### 1. Personal Details

Surname :	Preferred Name :
Forenames :	Full postal address :
Previous Surname :	
Date of Birth :	
National Insurance No :	
Marital Status :	Postcode :
	Telephone No. :

Next of Kin Details	Emergency Contact Details
Name :	Name :
Address :	Address :
Postcode :	Postcode :
Contact No. :	Contact No. :
Relationship :	Relationship :

**Private & Confidential**

## 2. Education and Qualifications

Professional Membership & Qualifications (Please indicate level of membership and if achieved by examination) :

Please outline any skills and/or experience you have gained and any other information which may be relevant or you feel that you can bring to the job : (Continue on another sheet if necessary)

## 3. Employment History

Dates :		Name :	Salary on leaving £:
From :	To :	Address :	Reasons for Leaving:
		Postcode :	
		Nature of Business :	

Brief description of Duties & Responsibilities : (please give name of Supervisor)

Dates :		Name :	Salary on leaving £:
From :	To :	Address :	Reasons for Leaving:
		Postcode :	
		Nature of Business :	

Brief description of Duties & Responsibilities : (please give name of Supervisor)

**NB I hereby give permission to contact the employers listed above concerning my prior work experience.**

Signature :

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**4. Health**

Are you in good health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many days absence have you had through illness in the past 2 years?		
Please give reasons for such absences :		

**5. Rehabilitation of Offenders Act 1974**

Have you ever been convicted of a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give details :		

**6. Supplementary Information**

Do you hold a current Driving Licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If YES, Licence Number :	Date acquired :							
Class of Licence (motor/LGV,C/LGV,C+E etc) :								
Please give details of any endorsements :								
Do you have your own transport/have access to a vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Do you hold a current forklift drivers certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Previous Experience: - Please tick relevant boxes.								
TIPPER	FRIDGE	C/SIDER	ROPE/SHEET	MULTI/DROP	HIAB	DROP/BODY	LORRY/DRAG	TRUNKING

**The facts set forth in this application for employment are, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, in any way, I may be liable to have my application disqualified or subsequently may be liable to be dismissed from employment by the company.**

**7. Data Protection**

**I consent to the processing by the company of the personal data given by me on this form for the purposes of staff administration under the Data Protection Act 1998.**

**Signature :**

**Date :**