

ANDY LEE

Transport Ltd.

APPLICATION FOR EMPLOYMENT

All information will be treated as strictly confidential and no approach will be made to any person without your permission. Please print clearly.

POSITION APPLIED FOR:
SALARY EXPECTATION:
DATE AVAILABLE TO START:
DO YOU REQUIRE: FULL TIME / PART TIME / CASUAL (DELETE AS NECESSARY)

SURNAME:	FIRST NAME(S):
MAIDEN / PREVIOUS SURNAMES:	
ADDRESS:	
	POST CODE:
TELEPHONE NUMBER:	MOBILE:
DATE OF BIRTH:	EMAIL ADDRESS:
MARRIED / SINGLE:	DEPENDANTS:
NATIONALITY:	N.I. NUMBER:

PLEASE NOTE ALL EMPLOYEES MUST PRODUCE EVIDENCE OF THEIR RIGHT TO WORK IN THE U.K. BEFORE BEING GIVEN EMPLOYMENT

DO YOU REQUIRE A WORK PERMIT FOR THE UK? IF SO, EXPIRY DATE OF PERMIT	YES/NO
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DO YOU FULLY UNDERSTAND THE TACHOGRAPH LEGISLATION?	YES/NO
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HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE YOUR CURRENT EMPLOYER:

WHAT ARE YOUR HOLIDAY COMMITMENTS IN THE NEXT SIX MONTHS IF ANY:



HAVE YOU WORKED FOR THIS COMPANY BEFORE: IF SO, WHEN:	YES/NO
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INTERESTS:

EMPLOYMENT HISTORY

PLEASE START WITH YOUR PRESENT EMPLOYER AND WORK BACKWARDS:

EMPLOYERS NAME AND ADDRESS:		
POSITION HELD:		
FROM:	TO:	RATE OF PAY:
REASON FOR LEAVING:		

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POSITION HELD:		
FROM:	TO:	RATE OF PAY:
REASON FOR LEAVING:		

EMPLOYERS NAME AND ADDRESS:		
POSITION HELD:		
FROM:	TO:	RATE OF PAY:
REASON FOR LEAVING:		



LIST ANY ABSENCES FROM WORK DURING THE LAST 12 MONTHS (OTHER THAN HOLIDAYS) WITH REASONS:

GIVE DETAILS OF THE NAME AND ADDRESS OF YOUR PRESENT EMPLOYER AND TWO ADDITIONAL PREVIOUS EMPLOYERS WHO WE MAY CONTACT AS REFEREES. IF YOU DO NOT HAVE EITHER PLEASE GIVE TWO PEOPLE NOT FAMILY OR FRIENDS WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS AND WHO WOULD ACT AS A CHARACTER REFEREE.

NAME _____ POSITION _____

COMPANY NAME AND ADDRESS _____

_____ TELEPHONE _____

NAME _____ POSITION _____

COMPANY NAME AND ADDRESS _____

_____ TELEPHONE _____

NAME _____ POSITION _____

COMPANY NAME AND ADDRESS _____

_____ TELEPHONE _____

YOUR HEALTH

PLEASE COMMENT ON YOUR GENERAL STATE OF HEALTH:

PLEASE GIVE DETAILS OF ANY PREVIOUS OR SERIOUS ILLNESS WHICH THE COMPANY SHOULD BE MADE AWARE OF:



DO YOU HAVE A PERMANENT DISABILITY? IF YES PLEASE SPECIFY	YES/NO
IS THERE ANY ADJUSTMENT THAT MAY BE MADE BY US TO HELP? IF YES PLEASE GIVE DETAILS	YES/NO
<u>WE MAY REQUIRE A SATISFACTORY MEDICAL REPORT PRIOR TO A JOB OFFER</u>	

WHO SHOULD WE NOTIFY IN CASE OF ACCIDENT AT WORK:	
NAME:	TELEPHONE NO:
ADDRESS:	MOBILE NO:

SECONDARY AND FURTHER EDUCATION

SECONDARY SCHOOL ATTENDED:	
FROM:	TO:
SUBJECTS TAKEN AND PASSED:	

COLLEGE / UNIVERSITY ATTENDED:	
FROM:	TO:
DIPLOMA/NVQ/DEGREE TAKEN:	

IF OFFERED THIS POSITION WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? PLEASE GIVE DETAILS:
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YOUR PERSONAL ATTRIBUTES

PLEASE GIVE REASONS WHY YOU CONSIDER YOURSELF SUITABLE FOR THE POSITION FOR WHICH YOU HAVE APPLIED AND HIGHLIGHT ANY PERSONAL ACHIEVEMENTS WHICH YOU FEEL MAY BE RELEVANT:

DECLARATION

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MIS-STATEMENT OR SUPPRESSION OF INFORMATION MAY MEAN CANCELLATION OF ANY APPOINTMENT MADE.

I AUTHORISE THE COMPANY TO OBTAIN REFERENCES TO SUPPORT THIS APPLICATION ONCE A FORMAL OFFER HAS BEEN MADE AND RELEASE THE COMPANY AND REFEREES FROM ANY LIABILITY CAUSED BY GIVING AND RECEIVING INFORMATION. I ALSO CONFIRM THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETE. ANY FALSE INFORMATION MAY RENDER ME LIABLE TO DISMISSAL.

SIGNATURE OF APPLICANT:

DATE:

