

APPLICATION FOR EMPLOYMENT

1.PERSONAL DETAILS

NAME: -----

ADDRESS: -----

POSTCODE: -----

TELEPHONE CONTACT NUMBER(S) HOME: -----

MOBILE: -----

DATE OF BIRTH: -----

MARITAL STATUS: MARRIED: **UNMARRIED:**

SEPERATED: **OTHER:**

CHILDREN: YES NO NUMBER

2. DRIVING LICENCE DETAILS

DO YOU HOLD A CURRENT FULL DRIVING LICENCE.

YES NO

DOES YOUR LICENCE HAVE ANY PENALTY POINTS

YES NO

IF YES PLEASE SPECIFY NUMBER OF POINTS AND NATURE OF OFFENCE

WHICH TYPE OF DRIVING LICENCE DO YOU HOLD

- B** MOTOR VEHICLE UPTO 3.5 TONNE
- CI** MEDIUM GOODS VEHICLE BETWEEN 3.5 TONNES AND 7.5 TONNES
- C** LARGE GOODS VEHICLE OVER 7.5 TONNES
- C+E** LARGE GOODS VEHICLE OVER 18 TONNES DRAWING A TRAILER

DO YOU HOLD ANY OF THE FOLLOWING LICENCES

- CDG ROAD LICENCE (HAZ-CHEM)
- FORKLIFT LICENCE

PLEASE GIVE DETAILS OF ANY VEHICLE ACCIDENTS:-

3. EMPLOYMENT RECORD

B1. Present or most recent employment

Name and Address of Employer	JOB
.....	Length of Service
.....	Hourly Rate
.....	Notice Required

B2. Summary of your duties and responsibilities related to the above JOB

B3. Previous Employment

Name and Address of Employer	Length of Service	Job Title and major elements of the JOB

4. EDUCATION AND TRAINING

C1. Secondary Education		
Certificates gained	Subjects/Modules	Grades/Bands

C2. Further and Higher Education		
Where attended	Course (show full or part-time)	Qualifications and date gained

C3. Other Training – relevant to this application		
Name of Course	Provided by	Duration

C4. Professional Qualification(s)		
Name of Professional Body	Class of Membership	Date Obtained

SECTION D – SUPPLEMENTARY INFORMATION

D1. Give any further details of your experience which you consider relevant

D2. Criminal Convictions

If you have previously been convicted of any offences, please give details unless the conviction can be regarded as "spent" in terms of the Rehabilitation of Offenders Act 1974.

Under this Act, an individual who has been convicted for any offence may, with certain exceptions, be rehabilitated and allowed to treat the conviction as if it had never occurred. A conviction will then become "spent" where the individual has not, after a period of time committed another offence.

Rehabilitation Period

These vary depending on the type and length of conviction.

Sentence	Rehabilitation Period
Imprisonment, corrective training or sentence, of detention in a young offenders' institution for more than 6 months but not more than 30 months.	Ten Years*
Imprisonment or sentence of detention in a young offenders' institution for a term not exceeding six months.	Seven years*
A fine or other sentence not expressly covered by the Act.	Five years*
Order for detention in detention centre	Three years
Absolute Discharge	Six months
Conditional Discharge	One Year
Probation	Five years*

5. SUPPLEMENTARY INFORMATION

REFERENCES

Please name two referees, at least one of whom should have direct knowledge of your work Experience and abilities.

NAME: -----

ADDRESS: -----

TEL NUMBER: -----

OCCUPATION: -----

NAME: -----

ADDRESS: -----

TEL NUMBER: -----

OCCUPATION: -----

DO YOU WISH TO BE NOTIFIED PRIOR TO CONTACTING THESE REFERNCES

YES NO

HEALTH/MEDICAL INFORMATION

As part of your application for employment we require you to complete the attached questionnaire.

DECLARATION

I verify that, to the best of my knowledge, the information supplied by me on this application form, and on any additional sheets is correct.

SIGNATURE: -----

DATE: -----