



APPLICATION FOR EMPLOYMENT

Position Applied For:	How did you hear about the position:
Surname:	
First Name:	Telephone:
Address:	Mobile Telephone:
	Date of Birth:
	National Insurance No:
Town:	Email:
Postcode:	

Drug & Alcohol Testing:

The Company has zero tolerance towards drugs and alcohol. We therefore operate a random Drug & Alcohol testing policy. Are you prepared to accept this policy? YES NO

Health & Safety

6. Have you ever had an industrial claim from any previous employer? YES NO
 7. If 'YES', how many? Please provide details: _____

8. Are you willing to take full responsibility for your own health & safety whilst at work? YES NO
 9. Are you willing to adhere to the Company's Health & Safety rules at all times? YES NO
 10. Are you a registered first aider or fire marshal? YES NO

Driving:

11. Do you hold a full driving license? YES NO
 12. If 'YES', what type of vehicles are you eligible to drive? Car Motorcyce PSV HGV Hi-ab
 13. Please give full details of any previous bans or endorsements: _____
 14. If you currently have any points on your license, please state how many: _____
 15. Do you hold a forklift truck license (own or in-house)? YES NO

Other Details:

16. What are your hobbies and interests?

17. Please list any facts which you think may be useful when considering your application:

18. How soon would you be available to work? _____

19. Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974)? YES NO

If 'YES', please provide details:

References:

Please provide two professional references below:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Position:	Position:

I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Signed: _____ Date: _____