

CONFIDENTIAL



Office Use:

Start Date:
(If applicable)
Initially working: days / nights
Days of the week:
With Nights out: Y / N

APPLICATION FOR EMPLOYMENT

J Long & Sons Ltd, Sandreas Way, Cross Gates, Leeds LS15 8AW

PLEASE COMPLETE ALL SECTIONS:

FIRST NAMES: DATE OF APPLICATION:.....
SURNAME: POSITION APPLIED FOR:.....
ADDRESS:..... WAGE/SALARY EXPECTED:
..... IS THIS YOUR PERMANENT ADDRESS? YES / NO
..... ARE YOU A U.K CITIZEN? YES / NO
POSTCODE: ARE YOU ELIGIBLE TO WORK IN THE U.K? YES / NO
TEL NO: N.I. NO:
MOBILE NO: ARE ANY RELATIVES OR FRIENDS EXISTING EMPLOYEES?
E-MAIL: IF YES, WHO?

EDUCATION AND TRAINING:

RESULTS OF EXAMINATIONS TAKEN AT SECONDARY SCHOOL:

.....
.....
.....

FURTHER EDUCATION (COLLEGE, EVENING CLASSES ETC AND QUALIFICATION):

.....
.....

ANY NON-QUALIFICATION COURSES ATTENDED INCLUDING OPERATIVE TRAINING:

.....
.....

EMPLOYMENT HISTORY:

DATES FROM/TO	EMPLOYER	JOB TITLE AND DUTIES	REASON FOR LEAVING AND GROSS PAY DETAILS
	<p>LAST OR PRESENT</p> <p>NAME:</p> <p>ADDRESS:</p> <p>.....</p> <p>TEL NO:</p> <p>CONTACT NAME:</p>		
	<p>PREVIOUS EMPLOYER</p> <p>NAME:</p> <p>ADDRESS:</p> <p>.....</p> <p>TEL NO:.....</p> <p>CONTACT NAME:</p>		
	<p>PREVIOUS EMPLOYER</p> <p>NAME:</p> <p>ADDRESS:</p> <p>.....</p> <p>TEL NO:.....</p> <p>CONTACT NAME:</p>		

AMOUNT OF NOTICE REQUIRED TO TERMINATE YOUR PRESENT EMPLOYMENT:

ALL ENGAGEMENTS ARE MADE ON THE BASIS OF UP TO A 3 MONTH PROBATIONARY PERIOD (OR AS SPECIFIED)

REFERENCES

WE WILL NOT APPROACH YOUR PRESENT EMPLOYER WITHOUT YOUR PERMISSION

MAY WE ASK YOUR PRESENT EMPLOYER? YES / NO CONTACT NAME:

MAY WE ASK A PREVIOUS EMPLOYER FOR A REFERENCE? YES / NO CONTACT NAME:.....

COMPANY NAME: TEL. NUMBER:

PERSONAL INFORMATION

HOBBIES AND OUTSIDE INTERESTS:

.....

DO YOU HOLD A:

CURRENT DRIVING LICENCE YES / NO CAT C EXPIRY DATE: CARD EXPIRY DATE (4b)

DRIVING LICENCE NUMBER:.....

ANY ENDORSEMENTS YES / NO If yes, please give details (Date,Code,Points)

DRIVER QUALIFICATION CARD (DRIVER CPC) YES / NO EXPIRYDATE:.....

HOURS TRAINING TOWARDS DRIVER CPC NONE / 7hrs / 14hrs / 21hrs / 28hrs / 35hrs (Please circle)

DIGITAL TACHO. CARD YES / NO EXPIRY DATE:

DIGI. CARD NUMBER:

CAR OWNER? YES / NO HOW WOULD YOU TRAVEL TO WORK?

HAVE YOU WORKED FOR US BEFORE YES / NO

IF YES, GIVE DETAILS INCLUDING REASONS FOR LEAVING

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE (WHICH IS NOT A SPENT CONVICTION WITHIN THE MEANING OF THE REHABILITATION OF OFFENDERS ACT 1974)? YES / NO

GIVE FULL DETAILS HERE:

PLEASE GIVE DETAILS OF PRE-ARRANGED HOLIDAYS

ARE YOU SUBJECT TO ANY POST TERMINATION RESTRAINTS OF TRADE CLAUSES? YES / NO

IF YES, PLEASE GIVE FULL DETAILS

ARE YOU WILING TO WORK OVERTIME AND WEEKENDS WHEN REQUIRED? YES / NO

ARE YOU WILING TO HAVE NIGHTS OUT (AWAY FROM HOME) WHEN REQUIRED? YES / NO

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION OR DELIBERATE OMISSIONS WILL DISQUALIFY ME FROM EMPLOYMENT OR MAY RENDER ME LIABLE TO DISMISSAL.

SIGNATURE: **DATE:**

FOR OFFICE USE BY MANAGEMENT / INTERVIEWER ONLY:

INTERVIEW: YES / NO **INTERVIEW DATE:**

COMMENTS:

SIGNATURE: **NAME:**