

IN CONFIDENCE

APPLICATION FOR WORK

Application for employment as:

SURNAME (Use Block Letters)

OTHER NAMES:

ADDRESS:

DATE OF BIRTH:

HOME TEL No:

MOBILE TEL No:

MARITAL STATUS:

EMAIL:

Do you wish / authorise us to email your weekly payslip to the email address given above Yes / No

EDUCATION & TRAINING

Names of school(s) attended after age of 11 (details & results of any examinations taken):

Dates

School(s)

Examinations

Details of any further or higher education (e.g. Technical College, Evening classes):

Dates

College/Training Establishment

Examinations

DRIVING QUALIFICATIONS

Driving licence number: _____

Categories covered: _____

Expires on date: _____ Issued by: _____

Endorsements: _____

OTHER TRAINING & QUALIFICATIONS

Details of any other training received or qualifications obtained which you feel may be appropriate to this application:

HEALTH

State of general health? _____

Have you received treatment for any of the following?

Diabetes, epilepsy, any other form of blackout (please state) _____

Would you agree to an examination by a qualified medical practitioner? YES / NO

Do you have an eyesight disorder? YES / NO

If 'YES' please give details: _____

Do you wear glasses? YES / NO

Do you suffer from any disability / illness that could affect you in employment? YES / NO

If 'YES' please give details: _____

Are you a Registered Disabled Person? YES / NO

If 'YES' please give details: _____

EMPLOYMENT HISTORY

Details of employment over the past five years, most recent (or current) first:

Dates	Name & Address of Employer	Job Held.	Ave. Weekly Earnings	Reason(s) for Leaving

CONVICTIONS

Details of any convictions (other than for driving), if none please state 'None':

INTERESTS OUTSIDE OF EMPLOYMENT, MEMBERSHIP etc.

Interests / sports / hobbies: _____

REFERENCES

Names & addresses of two referees, preferably including at least one previous employer whom we can approach now for references. No approach will be made to your present employer before an offer of employment is made.

1) _____ 2) _____

EMERGENCY CONTACT DETAILS

Name of contact (1) _____

Relationship to contact (1) _____

Address of contact (1) _____

Home (1) _____ Work (1) _____ Mobile (1) _____

Name of contact (2) _____

Relationship to contact (2) _____

Address of contact (2) _____

Home (2) _____ Work (2) _____ Mobile (2) _____

BANK DETAILS

Bank name & address: _____

Account Number: _____

Sort Code: _____ National Insurance No: _____

Account Name: _____

IMPORTANT: Please read the notes over the page before filling in this form – Please write clearly in BLACK INK using CAPITAL LETTERS.

D796

1 Company details (to be filled in by the company making the enquiry):

Company name and address (the company):

Postcode:

Account number:

Reference number:

Please delete as appropriate:

Are you making an enquiry on behalf of another company?

Yes No

If yes, company name must be entered below.

2 Driver details (to be filled in by the driver):

Surname:

First name: Middle name(s)

Date of birth: / /

Driver number:

Current address:

Line 1
Line 2
Line 3
Post town
Postcode: <input type="text"/>

Address on licence (if different):*

Line 1
Line 2
Line 3
Post town
Postcode: <input type="text"/>

* You must tell DVLA of any changes to your address. Failure to do so could result in a fine of up to £1000

3 CPC information (please see notes over the page):

Please delete as appropriate:

Do you require CPC information?

Yes No

DQC number

4 Driver declaration (to be filled in by the driver):

IMPORTANT: Please read the notes over the page before signing this form

Declaration:

Being the person referred to in section 2 above, I authorise the company or companies listed in Section 1 above to ask DVLA for my driver record information as and when they require, at a frequency they shall determine. I understand that the company I authorise to ask for my driver record information may use an intermediary company to make the enquiry with DVLA on their behalf.

I authorise and direct DVLA to disclose to the company or companies in Section 1, all relevant information relating to my driver record from the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC details (where appropriate). Medical information is not to be provided.

This authority will expire when I cease to drive in connection with the company and in any case three years from the date of my signature.

SIGNATURE:

DATE:

DECLARATION

By signing this I authorise R. Carter & Sons Ltd, Eastern Waste Disposal Ltd & Landmark Construction Services Ltd to contact my current / previous employer for a reference of employment.

I understand & agree that:

- a) I will not be considered for employment as a driver without production of a valid driving licence.
- b) An offer of employment will be conditional upon receipt of satisfactory references.

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT & THAT ANY FALSE STATEMENT MADE HEREIN COULD RENDER ME LIABLE TO SUMMARY DISMISSAL.

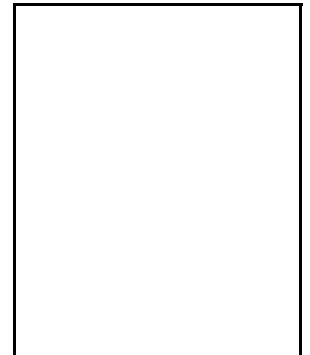
Signature: _____ Date: _____

INTERVIEW NOTES

(FOR OFFICE USE ONLY)

		Notes
Company Employed		
Occupation		
Date employment to start		
Licence checked	Yes No	
Licence copied	Yes No	
Hours to work per week		
Wage structure		
References obtained	Yes No	Date
Interviewed by		Date
Health & Safety policy, etc given to employee	Yes No	Date
Holiday entitlement recorded	Yes No	
Personal details recorded		
P45 received	Yes No	
NI number		

Photograph



Additional Information
