



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:
Telephone:	Telephone:
Position:	Position:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_