

EMPLOYMENT APPLICATION FORM

The following information will be treated in the strictest confidence

OFFICE USE ONLY	
DATE EA RECEIVED:	
IV QUAL	
IV DATE	
IV TIME	
IV TEAM MEMBER	

POSITION APPLIED FOR: _____

PERSONAL

(Please complete all sections in BLOCK CAPITALS)

Surname:		First Name(s):	
Address:			
		Postcode:	
Contact Tel. (home):		Contact Tel. (mobile):	
Full Driving Licence:	YES / NO	Date of Birth:	
Date Obtained:		Endorsements:	*YES / NO
* If YES, please give further details including dates			
Digital Driver Card held:	YES / NO	Year Issued:	
Driver CPC Module:		Date Obtained:	
Driver CPC Module:		Date Obtained:	
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Driver CPC Module:		Date Obtained:	
Are you involved in any activity which may limit your availability to work?		*YES / NO	
* If YES, please give full details			
Are you subject to any restrictions/covenants which might restrict your work?		*YES / NO	
* If YES, please give full details			
Are you prepared to work overtime and weekends if required?		YES / NO	
Please give details of any hours which you would not wish to work			
Any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?		*YES / NO	
* If YES, please give full details			
If offered employment, part of your application is to complete a Pre- Employment Medical Questionnaire			
Are you prepared to undergo a medical examination prior to employment?		YES / NO	
Have you ever worked for this Company before?		*YES / NO	
* If YES, please give full details			
Have you applied for employment with this Company Before?		YES / NO	
Do you need a work permit to take up employment in the UK?		YES / NO	
How much notice are you required to give your current employer?			

EDUCATION

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further formal Training	From	To	Diploma / Qualification
Job related Training Courses (Name of Organisation)	Date	Subject	
Please give details of membership of any technical or professional associations:			
Please list any foreign languages spoken and the level of competence:			

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present employer, stating the most recent first.

Name and address of employer	Dates	Position Held	Why Left

PRESENT OR LAST EMPLOYER

Are you currently employed?	YES / NO
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Name of present or last employer:			
Address:			
Postcode:		Telephone No:	
Nature of business:			
Job title:			
Brief description of your duties:			
Reason for leaving:			

Length of service:		From / To	
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INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application e.g. past achievements, future aspirations, personal strengths

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand that these details will be held in confidence by the Company, for the purposes of assessing this application, on-going personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature		Date	
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REFERENCES

Please give the names of two people (one of which should be your present or last employer) whom we may approach for a reference.

Can we approach your employer before an offer of employment is made? YES / NO

Name:		Name:	
Position:		Position:	
Address:		Address:	
Tel. No:		Tel. No:	
Email:		Email:	

SOURCE OF APPLICATION

How did you hear of this vacancy?	
Return this form to BW Refrigerated Couriers Ltd, Beeching Close, Chard, Somerset TA20 1BB or cne@bwrc.co.uk	

Please note that if no Driver CPC Modules have been obtained it is the candidates responsibility to obtain the required modules, at their expense, before the initial probationary period ends (usually 13 weeks).