

APPLYING FOR POSITION AT (PLEASE TICK):

- Merton Street, Banbury, Oxon. OX16 4RN
- Grange Lane, Beenham, Reading, Berks. RG7 5PY
- Wingmoor Farm, Stoke Orchard Road, Bishops Cleeve, Glos. GL52 7DG
- Lakeside Road, Colnbrook, Slough, Berks. SL3 0EG
- Goulds Grove, Ewelme, Wallingford, Oxon. OX10 6PJ
- Star Works, Star Lane, Knowl Hill, Nr. Maidenhead, Berks. RG10 9XY
- Mole Valley MRF, Randalls Road, Leatherhead, Surrey. KT22 0BA

Introduce a Friend Scheme - Please attach summary sheet

Please send completed form for all locations to:

Human Resources Dept, Goulds Grove, Ewelme, Wallingford, Oxon. OX10 6PJ

EMPLOYMENT APPLICATION FORM

(FOR DRIVER/DRIVER MATE/MECHANIC/GENERAL LABOURER POSITIONS)

PLEASE COMPLETE THIS APPLICATION FORM AS FULLY AS POSSIBLE THEN SEND THE COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT AT THE ADDRESS INDICATED ABOVE. YOU MAY ATTACH A CV IF YOU WISH.

POSITION APPLIED FOR:
WHERE DID YOU HEAR ABOUT THIS VACANCY?:

1. ABOUT YOU		
SURNAME:	OTHER NAMES:	
ADDRESS:		
		POST CODE:
HOME TEL NO:	WORK TEL NO:	MOBILE TEL NO:
E-MAIL:		NATIONAL INSURANCE NO:

	(PLEASE TICK)	
	YES	NO
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UK? <small>(YOU WILL BE REQUIRED TO SHOW ORIGINAL DOCUMENTS AT INTERVIEW STAGE. DETAILS OF ACCEPTABLE DOCUMENTS WILL BE GIVEN TO YOU IF YOU ARE SELECTED FOR INTERVIEW)</small>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU REQUIRE A WORK PERMIT?	<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO THE LAST QUESTION IS "YES", DO YOU HOLD A VALID WORK PERMIT?	<input type="checkbox"/>	<input type="checkbox"/>
WHAT HOBBIES/LEISURE INTERESTS DO YOU HAVE OUTSIDE OF WORK?		
DO YOU HAVE A CURRENT UK DRIVING LICENCE?	<input type="checkbox"/>	<input type="checkbox"/>
IS IT A PROVISIONAL LICENCE?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENCE? <small>IF YES, PLEASE COMPLETE THE RELEVANT TABLE IN SECTION 2 REGARDING MOTORING/TRAFFIC CONVICTIONS IN THE PAST 5 YEARS</small>	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HOLD A DIGITAL TACHOGRAPH DRIVER CARD (APPLIES TO DRIVERS/MECHANICS ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, OTHER THAN A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DETAILS:		
IF OFFERED THIS POSITION WILL IT BE YOUR ONLY EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, PLEASE PROVIDE DETAILS OF ADDITIONAL EMPLOYMENT (EMPLOYER, HOURS, ETC):		
HAVE YOU PREVIOUSLY WORKED FOR US?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DATES AND POSITION DETAILS:		
DO YOU HAVE YOUR OWN TRANSPORT TO GET TO WORK?	<input type="checkbox"/>	<input type="checkbox"/>

2. DRIVING COMPETENCE (PLEASE COMPLETE ONLY IF APPLYING FOR A DRIVING POSITION)

DRIVING LICENCE NO:		DATE PASSED TEST:				
LGV DETAILS:						
CLASS:		VALID FROM:		TO:		
(SEPTEMBER 2009 ONWARDS) PLEASE CONFIRM YOUR DRIVER CPC TRAINING MODULES LOGGED TO DATE:						
PLEASE PROVIDE DETAILS OF PREVIOUS DRIVING EXPERIENCE (COMPANY, JOB, DATES OF DRIVING DUTIES)						
1. COMPANY:		LOCATION:				
JOB:		FROM:		TO:		
2. COMPANY:		LOCATION:				
JOB:		FROM:		TO:		
3. COMPANY:		LOCATION:				
JOB:		FROM:		TO:		
4. COMPANY:		LOCATION:				
JOB:		FROM:		TO:		
5. COMPANY:		LOCATION:				
JOB:		FROM:		TO:		
					YES	NO
ARE YOU AWARE OF THE DRIVERS' HOURS REGULATIONS?					<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN TRAINED IN THE USE OF AN ANALOGUE TACHOGRAPH? (DRIVERS ONLY)					<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN TRAINED IN THE USE OF A DIGITAL TACHOGRAPH? (DRIVERS ONLY)					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PREPARED TO WORK WEEKENDS IF NECESSARY?					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PREPARED TO WORK SHIFTS IF NECESSARY?					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PREPARED TO WORK BANK HOLIDAYS IF NECESSARY?					<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD ANY MOTORING/TRAFFIC CONVICTIONS IN THE PAST 3 YEARS? (IF YES, GIVE DETAILS)					<input type="checkbox"/>	<input type="checkbox"/>
DATE OF CONVICTION	OFFENCE CODE	DATE OF OFFENCE	NO. OF POINTS	FINE		
HAVE YOU HAD ANY TRAFFIC ACCIDENTS IN THE PAST 5 YEARS? (IF YES, GIVE DETAILS)					<input type="checkbox"/>	<input type="checkbox"/>
DATE OF ACCIDENT(S)	DETAILS OF ACCIDENT(S)					

3. YOUR EDUCATION AND QUALIFICATIONS

SECONDARY SCHOOL		
NAME & LOCATION:		DATES: FROM: TO:
SUBJECTS TAKEN:		GRADES GAINED:

3. YOUR EDUCATION AND QUALIFICATIONS (CONTINUED)

FURTHER/HIGHER EDUCATION (COLLEGE/UNIVERSITY)

NAME & LOCATION:	DATES:	FROM:	TO:
QUALIFICATION(S) GAINED:	GRADE(S):		

ADDITIONAL SKILLS AND FURTHER TRAINING (PLEASE INCLUDE DETAILS OF COMPUTER SKILLS ALTHOUGH NOT RELEVANT TO THIS JOB)

DATES:	SUBJECT(S):	GRADE(S) (IF APPLICABLE):
FROM: TO:		

PLEASE USE THIS SPACE FOR ANY OTHER INFORMATION YOU THINK WILL ASSIST US IN DECIDING ON YOUR SUITABILITY FOR SHORT LISTING YOUR APPLICATION. THIS COULD INCLUDE ANY SKILLS OR EXPERIENCE YOU HAVE OUTSIDE OF WORK THAT COULD CONTRIBUTE TO YOUR SUITABILITY FOR THIS POSITION SUCH AS VOLUNTARY OR CHARITY WORK. PLEASE CONTINUE ON A SEPARATE SHEET, IF NECESSARY, AND ATTACH IT TO THIS FORM.

4. YOUR PREVIOUS EMPLOYMENT

DATES		PRESENT/LAST EMPLOYER'S NAME, LOCATION & TYPE OF BUSINESS	POSITION TITLE	SALARY & BENEFITS	REASON FOR LEAVING
FROM	TO				

NOTICE REQUIRED BY PRESENT EMPLOYER (IF APPLICABLE):

DATES		PREVIOUS EMPLOYER'S NAME, LOCATION & TYPE OF BUSINESS	POSITION TITLE	SALARY & BENEFITS	REASON FOR LEAVING
FROM	TO				

DATES		PREVIOUS EMPLOYER'S NAME, LOCATION & TYPE OF BUSINESS	POSITION TITLE	SALARY & BENEFITS	REASON FOR LEAVING
FROM	TO				

DATES		PREVIOUS EMPLOYER'S NAME, LOCATION & TYPE OF BUSINESS	POSITION TITLE	SALARY & BENEFITS	REASON FOR LEAVING
FROM	TO				

CONTINUE ON A SEPARATE SHEET, IF NECESSARY, AND ATTACH TO THIS FORM.

5. MEDICAL BACKGROUND

	YES	NO
DO YOU HAVE A MEDICAL CONDITION THAT COULD LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? E.G ASTHMA, DIABETES, EPILEPSY (PLEASE STATE). PLEASE NOTE: SHOULD YOU BECOME AN EMPLOYEE OF THE COMPANY IT WILL BE NECESSARY TO PASS THESE DETAILS ON TO THE TRAINED FIRST AIDERS TO ENABLE THEM TO ASSIST YOU IN AN EMERGENCY. THE FIRST AIDERS WILL TREAT THE INFORMATION IN THE STRICTEST CONFIDENCE.	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DETAILS:		
DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? IF YES, PLEASE DESCRIBE WHAT ADJUSTMENTS WE WOULD NEED TO MAKE TO ENABLE YOU TO PERFORM THE REQUIRED DUTIES?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU COVERED BY THE DISABILITY DISCRIMINATION ACT?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, DO WE NEED TO MAKE ANY ADJUSTMENTS FOR YOU TO ATTEND AN INTERVIEW OR FOR YOUR POTENTIAL EMPLOYMENT?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE PROVIDE DETAILS OF THE ADJUSTMENTS WE NEED TO MAKE:		
DO YOU TAKE ANY REGULAR MEDICATION THAT MAY AFFECT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING FOR?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DETAILS:		
PLEASE NOTE THAT THE COMPANY OPERATES A STRICT DRUGS & ALCOHOL POLICY		
HOW MANY DAYS HAVE YOU HAD ABSENT FROM WORK DUE TO ILLNESS:		
IN THE LAST 2 YEARS?	DAYS	EPISODES
IN THE LAST 12 MONTHS?	DAYS	EPISODES
HOW MANY DAYS PARENTAL LEAVE HAVE YOU TAKEN IN TOTAL?	DATE(S):

6. REFERENCES

IF OFFERED A POSITION WITH THE COMPANY IT WILL BE NECESSARY TO TAKE UP REFERENCES. PLEASE GIVE DETAILS OF TWO PEOPLE WE CAN CONTACT FOR WORK REFERENCES, ONE SHOULD BE YOUR PRESENT OR LAST EMPLOYER. THIS PERSON SHOULD BE YOUR MANAGER, SUPERVISOR OR HR MANAGER. WE WILL NOT TAKE UP REFERENCES UNTIL A JOB OFFER HAS BEEN MADE AND ACCEPTED.

REFERENCE ONE:	REFERENCE TWO:
RELATIONSHIP: (E.G. MANAGER)	RELATIONSHIP: (E.G. MANAGER)
NAME: MR / MRS / MS / DR (DELETE AS APPROPRIATE) (INITIALS) (SURNAME)	NAME: MR / MRS / MS / DR (DELETE AS APPROPRIATE) (INITIALS) (SURNAME)
OCCUPATION:	OCCUPATION:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
E-MAIL ADDRESS: (IF KNOWN)	E-MAIL ADDRESS: (IF KNOWN)
TELEPHONE NO:	TELEPHONE NO:

PLEASE NOTE THAT IT IS A CONDITION OF EMPLOYMENT THAT:

- ALL EMPLOYEES ARE PAID BY DIRECT CREDIT TRANSFER (BACS) TO BANK OR BUILDING SOCIETY ACCOUNTS.
- A PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE IS COMPLETED AND YOU ARE PASSED "FIT FOR THE JOB" BY OUR OCCUPATIONAL HEALTH PROVIDERS.
- WE RECEIVE 2 REFERENCES THAT ARE CONSIDERED SATISFACTORY BY THE COMPANY.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE.

SIGNED: **DATE:**