

PLEASE ENSURE THAT YOU COMPLETE ALL RELEVANT SECTIONS OF THE FORM.
INCOMPLETE FORMS WILL NOT BE CONSIDERED.

PLEASE RETURN YOUR COMPLETED FORM TO:
HUMAN RESOURCES DEPT, THAMES HOUSE, OXFORD ROAD, BENSON, WALLINGFORD, OXON. OX10 6LX
YOU MAY ATTACH A CV IF YOU WISH.

POSITION APPLIED FOR:
WHERE DID YOU HEAR ABOUT THIS VACANCY?:
AT WHICH LOCATION/S ARE YOU APPLYING FOR A POSITION?

1. ABOUT YOU

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

PLEASE NOTE THIS POSITION WILL REQUIRE YOU TO OBTAIN AN AIRSIDE PASS.
THIS WILL INVOLVE A CRIMINAL RECORDS CHECK, FOR WHICH A 5 YEAR CHECKABLE RESIDENTIAL HISTORY IS NEEDED. YOU MUST ALSO BE ABLE TO PROVIDE A 5 YEAR CHECKABLE WORK HISTORY FOR WHICH REFERENCES WILL BE REQUIRED. ALL GAPS IN WORK HISTORY (A GAP IS 14 DAYS) WILL REQUIRE A PERSONAL REFERENCE.

	(PLEASE TICK)	
	YES	NO
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UK? (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)	<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"/>
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? IF YES, PLEASE COMPLETE THE RELEVANT TABLE IN SECTION 2 REGARDING MOTORING/TRAFFIC CONVICTIONS IN THE PAST 5 YEARS	<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 EITHER DIRECTLY OR THROUGH AN AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DATES AND POSITION DETAILS:		
HAVE YOU PREVIOUSLY APPLIED TO US FOR ANY OTHER POSITION?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE GIVE DETAILS:		
DO YOU HAVE YOUR OWN TRANSPORT TO GET TO WORK?	<input type="checkbox"/>	<input type="checkbox"/>
WHAT HOBBIES/LEISURE INTERESTS DO YOU HAVE OUTSIDE OF WORK?		

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

DRIVING LICENCE CATEGORY (TICK APPLICABLE):					LICENCE NUMBER:		EXPIRY DATE:		
CAR	<input type="checkbox"/>	C1	<input type="checkbox"/>	C	<input type="checkbox"/>	C+E	<input type="checkbox"/>	MOTORCYCLE	<input type="checkbox"/>
LGV LICENCE:									
SERIAL NO:				MEDICAL DUE:					
GROUPS/CATEGORIES:				DATE DRIVING TEST PASSED:					
VALID FROM:				VALID TO:					
PLEASE CONFIRM YOUR DRIVER CPC TRAINING MODULES LOGGED TO DATE:									
								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?								<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU BEEN TRAINED IN THE USE OF A DIGITAL TACHOGRAPH?								<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. WORK PATTERNS

IF APPLICABLE, PLEASE TICK IF YOU ARE ABLE TO WORK:	SHIFTS	<input type="checkbox"/>	OVERTIME	<input type="checkbox"/>	WEEKENDS	<input type="checkbox"/>
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4. ADDITIONAL QUALIFICATIONS/EXPERIENCE

HAVE YOU HAD ANY EXPERIENCE OR DO YOU HOLD ANY QUALIFICATIONS IN ANY OF THE AREAS LISTED BELOW: (PLEASE GIVE BRIEF DETAILS)
COMMERCIAL VEHICLE TYPES:
FORK LIFT TRUCKS:
HAZARDOUS GOODS:
(IN THE CASE OF HAZARDOUS GOODS, STATE IF YOU HOLD A CURRENT ADR LICENCE AND CATEGORIES)
OTHER – SPECIFY: (EG, MOBILE PLANT QUALIFICATIONS)

5. YOUR EDUCATION AND QUALIFICATIONS

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

5. 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:		

6. YOUR APPLICATION

WHAT QUALITIES WOULD YOU BRING TO GRUNDON?

WHY DO YOU WANT THIS JOB?

WHY DO YOU WANT TO WORK FOR GRUNDON?

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.

7. ABSENCE

HOW MANY DAYS HAVE YOU HAD ABSENT FROM WORK OTHER THAN HOLIDAY:

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):

PLEASE NOTE THAT THE COMPANY OPERATES A STRICT DRUGS & ALCOHOL POLICY

8. PREVIOUS EMPLOYMENT (PLEASE COMPLETE ALL SECTIONS)

PRESENT/LAST EMPLOYER NAME & ADDRESS:		FROM	TO
JOB TITLE:			
BRIEFLY OUTLINE YOUR RESPONSIBILITIES:			
REASON FOR LEAVING:			
NOTICE REQUIRED:			
PRESENT/LEAVING PAY:	£		
PREVIOUS EMPLOYER NAME & ADDRESS:		FROM	TO
JOB TITLE:			
RESPONSIBILITIES:			
REASON FOR LEAVING:			
PREVIOUS EMPLOYER NAME & ADDRESS:		FROM	TO
JOB TITLE:			
RESPONSIBILITIES:			
REASON FOR LEAVING:			

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

9. 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: <small>(E.G. MANAGER)</small>	RELATIONSHIP: <small>(E.G. MANAGER)</small>
OCCUPATION:	OCCUPATION:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
E-MAIL ADDRESS: <small>(IF KNOWN)</small>	E-MAIL ADDRESS: <small>(IF KNOWN)</small>
TELEPHONE NO:	TELEPHONE NO:

PLEASE ENSURE YOU HAVE CHECKED THAT THE FORM IS FULLY COMPLETED AS INCOMPLETE FORMS WILL NOT BE CONSIDERED.

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 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:**

Grundon aims to attract and maintain a workforce that reflects the diversity within our local communities and are committed to achieving diversity by ensuring that we employ the right people to deliver a high quality service to our customers based on equality of opportunity, skills, qualifications and relevant experience. To this end we intend to select the best available person for every vacancy, regardless of sex, race, colour, religion, ethnic origin, age, marital status, disability, or sexual orientation. To help us monitor our Equality & Diversity Policy, and for that reason only, please complete this form and attach to your application. Please note that the information is confidential and the form will be removed and retained by the HR Department before your application is submitted for consideration by the relevant recruiting manager.

Surname (CAPITALS):		Forename/s:	
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Position applied for:		Location:	
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Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Age:	<input type="checkbox"/> 20 or under	<input type="checkbox"/> 31 – 40	<input type="checkbox"/> 51 – 60
	<input type="checkbox"/> 21 – 30	<input type="checkbox"/> 41 – 50	<input type="checkbox"/> 61 or over

Ethnic Origin

I would describe my race or ethnic origin as: *(please place a '✓' in one box)*

White:	<input type="checkbox"/> British
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Any other White background

Mixed:	<input type="checkbox"/> White and Black Caribbean
	<input type="checkbox"/> White and Black African
	<input type="checkbox"/> White and Asian
	<input type="checkbox"/> Any other Mixed background

Asian or Asian British:	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Any other Asian background

Black or Black British:	<input type="checkbox"/> Black – Caribbean
	<input type="checkbox"/> Black – African
	<input type="checkbox"/> Any other Black background

Chinese:	<input type="checkbox"/> Chinese
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Other Ethnic Group:	<input type="checkbox"/> Any other
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If you ticked 'Any other', please specify:	
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Religious Beliefs

To which of the following religions, bodies or belief systems, if any, do you belong or affiliate with? *(please place a '✓' in one box)*

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> None
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other

If you ticked 'Other', please specify:	
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Disability

Do you consider yourself disabled within the meaning of the Equality Act *?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please specify:	
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Do you require any special assistance at interviews or with any aspect of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please specify:	
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* "The Equality Act (2010) defines a disability as a physical or mental impairment, which has a substantial and long term (more than 12 months) adverse effect on his or her ability to carry out normal day-to-day activities."

Thank you for your co-operation.