

# **Employment Application Form**

Please complete and return to the address overleaf.

Any continuation sheets should be marked with your name and the position applied for.

# Position applied for: .....

PERSONAL INFORMATION		
Title	Dr. / Mr. / Mrs. / Miss / Ms / Other*	
Surname		
Forenames		
Address		
Address		
Postcode		
Telephone number		
Mobile number		
E-mail address		
Current driving licence	Provisional / Full / HGV / None* Expiry date of licence	
Details of any endorsements		
Have you been involved in any RTA's in the past two years?	Yes / No* (if yes, please provide details, continue on separate sheet if necessary)	
Have you got any ongoing 'live' insurance claims?	Yes / No* (if yes, please provide details, continue on separate sheet if necessary)	

# EDUCATION Schools Qualifications gained College/University Qualifications gained College/University Qualifications gained

EMPLOYMENT HISTORY (please list in chronological order with the most recent first)				
Dates	Name and address of employer	Salary	Reason for leaving	
Notice required in current post:				

\*Please delete as appropriate.

### **GENERAL COMMENTS**

Please list here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. Continue on a separate sheet, if necessary.

## **CRIMINAL RECORD**

Please note any criminal convictions, except those spent under the *Rehabilitation of Offenders Act* 1974. If none, please state.

## **ENTITLEMENT TO WORK IN THE UK**

If you are not an EU national, do you have permission to work in the UK?

Yes/No\*

If yes, you will need to produce evidence of your entitlement to work in the UK before taking up your post if your application is successful.

### \*please delete as appropriate

REFERENCES				
Please supply the names and addresses of two persons – one of whom should be your present/last employer – from whom we may obtain both character and work experience references.				

### **Declaration:**

- I confirm that the above information is complete and correct, and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- I hereby give my authority for the company to contact my own doctor to obtain any further information on my state of health.
- I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
- I hereby give my consent to the company processing the data supplied on this application for the purpose of recruitment and selection.

Signed:	Date:
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