

LGV 2 DRIVER APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

YOUR PERSONAL DETAILS

Title:	Forename(s):	Surname:
Full Address:		
Phone Number:	Email:	
Are there any restrictions on taking up employment in the UK?	Yes / No	
(If yes, please provide details)		

DRIVING LICENCE

Groups:	Expiry Date:	Age (For insurance reasons only):
Details of any endorsements:		

EMPLOYMENT HISTORY (Please complete in full). Last 3 positions. In order most recent first.

1.		
Name of Employer:	Town / City of Employer:	
Start Date:	Finish Date:	Reason for leaving:
Job Title and Description of Duties:		
Notice required in current position:		
2.		
Name of Employer:	Town / City of Employer:	
Start Date:	Finish Date:	Reason for leaving:
Job Title and Description of Duties:		
3.		
Name of Employer:	Town / City of Employer:	
Start Date:	Finish Date:	Reason for leaving:
Job Title and Description of Duties:		

Other Employment Please note if there is any other employment you would continue with.

REFERENCENCES

Please note here the names, addresses and phone numbers of two persons from whom the company may obtain both character and work experience references.

1.

Name:	Company / Organisation:
Phone Number:	Email:

2.

Name:	Company / Organisation:
Phone Number:	Email:

LEISURE (What do you like to do outside of work)

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS (Tell us a little more about yourself)

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the specification).

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to withdraw any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:	Date:
Please return this completed form to: Minoli Personnel Department	By post: Minoli, Transport Way, Cowley, Oxford, OX4 6LX By email: info@minoli.co.uk