



JOB APPLICATION FORM

Post Applied For:

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Your Personal Details

Title:		Surname:		First Name:	
Address:				Home Tel:	
				Mobile Tel:	
				Email:	
				D.O.B	
				Nationality:	
Post Code:			Children's Ages:		

Your Employment History

Please give details of your employment history, explaining clearly ALL gaps in your employment history.

Current Employment

Employer Name:		Job Title:			
Employer Address:			Basic Pay:		
			Usual Take Home:		
			Reason for Leaving:		
			Tel No.		
Post Code:		From:		To:	
Notice Required:					
Brief Description of Duties:					

Previous Employment

Employers Name & Address	Job Title	From	To	Reason for Leaving

Your Education & Qualifications

Education/Qualification Details	Result/Grade	School/College/University/Provider	From	To

Your Licence Details

Licence Number:		Expiry Date:				
LGV Class:		LGV Expiry Date:				
Total Years LGV:		Forklift Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of Endorsements:						

Work Experience

	Often	Rarely	Never		Often	Rarely	Never
Tautliners:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GKN CHEP Pallets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigids:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bendi/Flexi:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach Truck:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barcode Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-drop:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nights-out:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RDC Deliveries:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Your Medical History

It is important that you provide full and correct information in this section:

Do you require glasses for driving?

Yes

No

Do you smoke?

Yes

No

Do you require medication on a regular basis?

Yes

No

If yes please give details:

Do you suffer from a disability?

Yes

No

If yes please give details, particularly those that may affect the role:

Have you suffered from any of the following ailments in the past?

Yes

No

Problems with Eyes, Circulation, Heart, Skin, Joint, Bones & Tendons.
Diabetes, Epilepsy or Fainting Attacks, Back Trouble, Arthritis or Rheumatism.

If yes please give details:

Supplementary Information

Are you willing to work overtime, nights & weekends when required?

Yes

No

Are you willing to work Nights-out?

Yes

No

Do you have pre-existing commitments which may limit your working hours, eg military reserve, school governor, hobbies?

Yes

No

If yes please give details:

Do you have pre-existing holidays arranged?

Yes

No

If yes please give details:

Are you related or acquainted to a member of staff of Andyfreight?

Yes

No

Have you ever been convicted of a Criminal Offence which is not 'spent' under the provisions of the Rehabilitation of Offenders Act, 1974?

Yes

No

If yes please give details:

Please provide details of why you wish to become part of the Andyfreight team:

References

Please provide details of two referees (one must be your current employer). They should know you well enough to comment on your suitability for employment in the role you are applying for. It is our normal policy not to take up references without prior discussion with you.

Name:		Name:	
Job Title:		Job Title:	
Company:		Company:	
Address:		Address:	
Post Code:		Post Code:	
Telephone:		Telephone:	
Email:		Email:	
Relationship to you:		Relationship to you:	

Declaration

I confirm that the information provided in this document is correct. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal, from employment with Andyfreight Limited.

I have read and agree to the above	<input type="checkbox"/>
Signed:	
Full Name:	
Date:	