



EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.
(Please complete the details below in BLOCK CAPITALS)

Surname: _____ First name(s): _____

Address: _____

Contact telephone no.: _____ Date of Birth: _____

Next of kin: _____ Address: _____

Full driving licence: YES/NO Driving licence endorsements: YES/NO
(A copy will be taken if necessary)
If YES, please give details: _____

If applying for a driving job please advise previous experience of vehicles driven and nature of the work undertaken eg. Vans, Multi drop, 7.5T, HGV 1, HGV 2

Are you willing to work overtime and weekends if required? YES/NO

Are you subject to any restrictions which may limit your availability for work? YES/NO

If YES, please give details: _____

Please give details of any hours you are not able/willing to work: _____

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? YES/NO

If YES, please give details: _____

National Insurance no:

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Do you have a bank account: YES/NO

You are required to complete a pre-employment medical questionnaire. Are you prepared to undergo a medical examination prior to employment? YES/NO.

Have you ever worked for this business before? YES/NO

If YES, please give details: _____

Do you need a work permit to take up work in the UK? YES/NO

How much notice are you required to give your current employer? _____

Please attach details of any references or relevant food industry experience you have for this position.