



# A.Davies Transport Ltd

Storage & Distribution

## Application Form

<u>Surname:</u>	<u>Title:</u>	<u>Forename:</u>
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<u>Address</u>	<u>Telephone</u>
	<u>Mobile</u>
	<u>Email</u>
<u>Postcode</u>	<u>Date of Birth</u>
<u>National Insurance Number</u>	

Do you have a current driving licence? YES / NO Is it clean? YES / NO, If NO, give details

Have you any Disability that might affect employment?

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders act 1974? YES / NO

### EMPLOYMENT

*Position applied for*

*Pay expected*                      £                      *Per*

*Would you work full time? YES / NO Part time, state days/hours*

*Have you previously worked for us? YES / NO, If yes, when?*

*On what date would you be available for work?*



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Office use only

Work Location.....  
Position.....

Pay.....  
Start date.....

## EDUCATION

<u>Schools</u>	<u>From</u>	<u>To</u>	<u>Examination and Results</u>
<u>College/University</u>	<u>From</u>	<u>To</u>	<u>Courses and Results</u>
<u>Further education and formal training</u>	<u>From</u>	<u>To</u>	<u>Courses and Results</u>

**Professional membership and qualifications (Enclose copies of Professional Certificates)**



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Please outline the skills and experience you have gained through paid employment and other work activities and interests, which are relevant to your application for this job.

**Declaration: The facts set forth in this application for employment are true and complete. Furthermore, I declare that any mis-statement by me herein will render this application and any subsequent employment contract invalid and liable to termination without notice on discovery of the untruth**

Date.....

Signature.....

### EMPLOYMENT HISTORY

<u>Name and Address of Employer</u>	<u>From</u>	<u>To</u>	<u>Salary</u>	<u>Supervisor</u>
Telephone: Type of business				
Job title: Describe the work you did: Reason for leaving:				

<u>Name and Address of Employer</u>	<u>From</u>	<u>To</u>	<u>Salary</u>	<u>Supervisor</u>
Telephone: Type of business				
Job title: Describe the work you did: Reason for leaving:				



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<u>Name and Address of Employer</u>	<u>From</u>	<u>To</u>	<u>Salary</u>	<u>Supervisor</u>
   Telephone:  Type of business				
Job title:  Describe the work you did:  Reason for leaving:				

<u>Name and Address of Employer</u>	<u>From</u>	<u>To</u>	<u>Salary</u>	<u>Supervisor</u>
   Telephone:  Type of business				
Job title:  Describe the work you did:  Reason for leaving:				

*I hereby give permission to contact the employers above to obtain a reference from them and confirm there is nothing in my past employment history which, should it have been disclosed, may affect any decision process. If such information is uncovered at a later date, this will render any employment contract invalid and liable to termination without notice on discovery of such information.*

Signed.....



### PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

#### Medical History

Do you or have you ever suffered from any of the following? (If you respond yes to any of the following, please underline the appropriate condition and give details on the reverse of this form)

1.	Tuberculosis, pleurisy, asthma, bronchitis, or any lung, throat or ear complaint including deafness.	Yes	No
2.	Any disorder of the heart, circulatory system, high blood pressure.		
3.	Persistent indigestion, gastric or duodenal ulcer, intestinal complaint or rupture.		
4.	Epilepsy or fits.		
5.	Any psychological or nervous complaint.		
6.	Diabetes, gout or any kidney or bladder complaint.		
7.	Any arthritis, slipped disc, rheumatism or any back trouble.		
8.	Any dermatitis or other skin complaint or allergic condition.		
9.	Any eye complaint including recurrent headaches, migraine, blurred vision or eye discomfort.		
10.	Any other significant medical problems.		
11.	Do you normally wear glasses or contact lenses?		
12.	Have you ever failed a medical examination of any kind?		
13.	Have you ever had a repetitive strain injury or an upper limb problem?		
14.	Have you ever had any problems relating to alcohol or illegal/prescribed drugs?		
15.	How many days have you been unable to attend work through sickness within the last 12 months?	Days	=

Personal details and documents relevant to your employment by the company which are held on your personal file and within the computerised system, are only available to authorised personnel and for proper business purposes.

#### Data Protection Act Clause and Declaration: Pre-Employment Health Questionnaire.

Under the Data Protection Act 1998, the general information you have supplied about yourself is known as your personal data. Information about your health, medical history and any treatment that you have received is known as sensitive personal data. Your explicit consent is required before we can process your personal data and your sensitive personal data. Please see the declaration below. By signing this declaration, you will be giving your consent to the company to process your data.



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## DECLARATION

I confirm that I have read and understand the above information regarding my personal data and sensitive personal data. I declare that all the forgoing statements are true and complete to the best of my knowledge and belief and I am not aware of any other medical condition which might affect my employment.

I understand that any misrepresentation will invalidate my application and, if employed, could lead to my dismissal.

Signed.....

## BANK DETAILS

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