



APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

FULL NAME..... D.O.B..... PLACE OF BIRTH.....
POSITION APPLIED FOR..... NATIONALITY..... MARITAL STATUS.....
ADDRESS.....
POST CODEEMERGENCY CONTACT NAME/NO.....
HOME NO..... MOBILE..... NATIONAL INS NO.....
EMAIL ADDRESS.....
CONTACTS OR RELATIVES WITH COMPANY (IF ANY).....

EDUCATION AND TRAINING

SCHOOL /COLLEGE/QUALIFICATIONS.....
..... AGE LEFT.....

OTHER TRAINING/QUALIFICATIONS.....

HAVE YOU APPLIED ON ANY PREVIOUS OCCASION FOR EMPLOYMENT WITH THE COMPANY
..... IF YES GIVE DETAILS.....

LGV LICENCE CLASS (C1,C,C+E).....

EXPIRY DATE..... LICENCE NO.....

ANY ENDORSEMENTS.....

PLEASE NOTE: ALL DRIVING LICENCES WILL BE CHECKED WITH DVLA FOR VALIDITY

GIVE DETAILS OF ANY ROAD TRAFFIC ACCIDENTS IN LAST TEN YEARS
.....

HAVE YOU UNDERTAKEN ANY ELEMENTS OF DRIVER CPC YES/NO

IF YES PLEASE GIVE DETAILS.....



KTransport Services (Midlands) Ltd

Parkside Garage, Old Station Road, Slade Heath, Nr Coven, Wolverhampton WV10 7PH

Tel: 01902 791466 Fax: 01902 790915 Web: www.ktransport.co.uk

Registered No. 1324183



HAVE YOU HAD ANY SERIOUS ILLNESS, OR HAVE YOU ANY PHYSICAL DISABILITY WHICH MIGHT AFFECT YOUR EMPLOYMENT?

.....

HAVE YOU ANY CRIMINAL CONVICTIONS?.....

IF SO, GIVE BRIEF DETAILS.....

ANY OFFER OF EMPLOYMENT IS SUBJECT TO THE RECEIPT OF SATISFACTORY MEDICAL INFORMATION WHICH MAY ENTAIL A MEDICAL EXAMINATION

EMPLOYMENT HISTORY

1. PRESENT/LAST EMPLOYERS NAME	2.PREVIOUS EMPLOYERS NAME	3.PREVIOUS EMPLOYERS NAME
.....
JOB TITLE	JOB TITLE.	JOB TITLE.....
DUTIES.....	DUTIES.....	DUTIES.....
CONTACT NAME	CONTACT NAME.....	CONTACT NAME.....
CONTACT NO.....	CONTACT NO.....	CONTACT NO.....
LENGTH OF SERVICE	LENGTH OF SERVICE	LENGTH OF SERVICE
.....
REASON FOR LEAVING	REASON FOR LEAVING	REASON FOR LEAVING
.....

SOURCE OF INTRODUCTION:
ADVERTISEMENT/JOB CENTRE/RECOMMENDED BY;.....

ADDITIONAL INFORMATION

DO YOU HAVE STEEL CARRYING EXPERIENCE? YES/NO

PLEASE GIVE EXAMPLES OF TYPES OF TRAILERS USED AND EXPERIENCE GAINED

.....



HAS ANY INSURER AT ANY TIME:-

DECLINED YOUR PROPOSAL FOR INSURANCE? YES/NO IF YES PLEASE GIVE DETAILS

REQUIRED ANY SPECIAL CONDITIONS ON YOUR POLICY? YES/NO IF YES PLEASE GIVE DETAILS

CANCELLED OR REFUSED TO RENEW YOUR POLICY? YES/NO IF YES PLEASE GIVE DETAILS

WHAT IS YOUR HEIGHT? WHAT IS YOUR WEIGHT?.....

DO YOU REQUIRE THE USE OF GLASSES/CONTACT LENSES FOR DRIVING? YES/NO

ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION? YES/NO

DO YOU HAVE MEMBERSHIP OF A PROFESSIONAL ORGANISATION? YES/NO IF YES PLEASE GIVE DETAILS

NOTE: NEW EMPLOYEES RECEIVE A JOB INDUCTION & FULL TRAINING WHERE REQUIRED. IF YOU LEAVE DURING THE FIRST WEEK, YOU WILL NOT BE PAID FOR TRAINING DAYS.

APPLICANTS SIGNATURE..... DATE.....

INTERVIEWER'S ASSESSMENT

FIRST IMPRESSION

DOES DRIVERS EXPERIENCE FALL WITHIN OUR INSURANCE WARRANTY?

LICENCE HELD FOR MORE THAN 2 YEARS / OVER 25 OR UNDER 65 YEARS
YES / NO (delete as appropriate)

IF NO HAS INSURER BEEN NOTIFIED YES / NO (delete as appropriate)

TRAINING REQUIREMENTS

.....

ENGAGED TO COMMENCE ON	POSITION	DEPT
.....

HOURLY PAY	O/T PAY	ATTENDANCE & OTHER BONUS
.....

INTERVIEWER'S SIGNATURE.....DATE.....

REJECTED FOR REASON.....