

APPLICATION FOR EMPLOYMENT



Reed Boardall Transport Ltd
Bar Lane, Boroughbridge
York, YO51 9NN

Tel: 01423 321309 Fax: 01423 323408

CODE:

We provide equal opportunities and are committed to the principle of equality regardless of race, creed, colour, nationality, sex, disability, religion, gender re-assignment or sexual orientation. We will apply employment policies which are fair, equitable and consistent with the skills and abilities of our employees and the needs of the business. We ensure that all employees are accorded equal opportunity for recruitment, training and promotion and, in all jobs of like work, on equal terms and conditions of employment.

Please complete in your own handwriting

Position Applied For:.....

Name: Mr / Mrs / Miss:.....

Address:.....

..... **Post Code:**.....

Tel No: Home:..... **Mobile:**.....

E Mail address:.....

Date of Birth:..... **Marital Status:**.....

Type of current driving licence i.e C.E /LGV:

Date test passed:**Licence No**

Any Endorsements:.....

How will you travel to this job:.....

How soon are you available to start work:.....

Present salary / wage:

How did you learn about the vacancy:.....

Do you know anyone who is currently employed by Reed Boardall Transport Ltd: Yes / No If 'Yes ' please give name:.....

.....

Have you applied to work here before/ worked for Reed Boardall Transport Ltd before: Yes / No If 'Yes ' please give dates/reasons why left

.....

Educational Background

Complete the following starting with most recent:

School / College	Dates Attended	Qualifications (if any) state subject and grade

EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING STARTING WITH MOST RECENT POSITION

Company name & address	Dates employed (month/year)	Position held	Reason for leaving

COURSES

Course Title	Dates Attended

Do you require a work permit to work in the UK?

YES / NO

If yes please state your work permit number : _____

Have you ever been convicted of a criminal offence (which is not spent under the Rehabilitation of Offenders Act 1974)

YES / NO

If YES please state offence(s) and dates: _____

Any further information which may be relevant to your application:

.....
.....

Please advise number of working days lost over the past two years and reason for absence:

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Hobbies and interests:.....

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.....

Please give names and addresses of two referees:

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.....

.....

Tel No:

Tel No:

If we wish to contact your previous and present employers for a reference, do you have any objection to this: Yes / No. If yes, please state why.

.....

As we wish to ensure that you do not risk your health in an unsuitable environment, please complete the attached medical questionnaire and sign below to confirm that you do not have any health problems nor a medical condition that would adversely affect your ability to do the job for which you have applied I have completed this application form, honestly and to the best of my ability.

Signed:..... Date:.....

Asylum & immigration Act 1996.

Any offer of employment is subject to the confirmation of your National Insurance number in accordance with the Asylum and Immigration Act 1996.

Medical Questionnaire

Information contained within this document is governed by the Data Protection Act 1998. The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview.

Medical History

Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.

	Yes / No	Please give details
Prolonged or severe neck or back pain or injury	Yes / No	
Rheumatism, rheumatic fever, arthritis or other joint problems or pain	Yes / No	
Head injury, migraine or frequent headache	Yes / No	
Dermatitis, eczema or frequent headache	Yes / No	
Chest pain, angina or other skin complaint	Yes / No	
Raised Blood Pressure	Yes / No	
Breathlessness, palpitations	Yes / No	
Asthma, bronchitis, pneumonia or frequent chest infections	Yes / No	
Fits, epilepsy, fainting attacks, blackouts, giddiness	Yes / No	
Allergies, hayfever or wheezing	Yes / No	
Claustrophobia or vertigo	Yes / No	
Kidney or bladder problems	Yes / No	
Diabetes, thyroid or other gland problems	Yes / No	
Nervous breakdown, anxiety or depression or stress related illness	Yes / No	
Chilblains, Raynauds or other circulation problems	Yes / No	
Persistent / recurrent indigestion, stomach disorder or ulcers	Yes / No	
Hernia, rupture varicose veins or piles	Yes / No	
Jaundice or Hepatitis	Yes / No	
Recurrent ear infections, tinnitus or deafness	Yes / No	
Eye disease such as glaucoma or cataract or any history of blurred vision	Yes / No	
Have you restricted movements of hands, arms , legs, feet and neck	Yes / No	
Aare you receiving medical treatment , or awaiting treatment now	Yes / No	
Have you ever had an operation	Yes / No	
Are you currently taken any prescribed drugs, or other medication?	Yes / No	
Have you any hearing defect or do you wear a hearing aid	Yes / No	
Do you wear spectacles or contact lenses	Yes / No	
Are you colour blind	Yes / No	
Are there any other health conditions or medical concerns we should be aware of?	Yes / No	