

Bedfords Ltd

Pheasant Drive
Gelderd Road Ind Est
Birstall
W. Yorkshire. WF17 9LT

EMPLOYMENT APPLICATION FORM

Location Position Sought

Surname Mr / Mrs / Miss / Ms.

Forenames

Home Address

Postcode : Telephone No :

Nationality National Insurance No.

Driving Licence Details Verified Yes / No Endorsements: ('List)	(a) Ordinary Licence No. <input type="text"/>	Class <input type="text"/>	Expires <input type="text"/>
	(b) LGV Licence No. <input type="text"/>	Class <input type="text"/>	Expires <input type="text"/>
<input type="text"/>			

DRIVERS ONLY

Preferred Working Days Nights Nights Out

Makes of Vehicles Driven

Types of Vehicle/s Operated (tick box)	Never	Seldom	Average	Often	Always
Flatbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curtainside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liability for HM Forces Services / Territorials

Recreational Activities
Give details of hobbies and pastimes, including membership of teams, clubs, societies, etc. and positions of responsibility held.

- Present or most recent employment

Name and address of employer	Employer's business
	Salary / Wage
Employed as	From To (if left)
Brief description of duties and responsibilities, including number and type of any employees supervised.	
Reason for leaving or seeking alternative position	Period of notice required to terminate employment

Previous employment - Please show in date order

From		To			Employed as
Mth	Yr	Mth	Yr	Name and Address of previous employer	
					Reason for leaving
From		To		Name and Address of previous employer	Employed as
Mth	Yr	Mth	Yr		
					Reason for leaving
From		To		Name and Address of previous employer	Employed as
Mth	Yr	Mth	Yr		
					Reason for leaving
From		To		Name and Address of previous employer	Employed as
Mth	Yr	Mth	Yr		
					Reason for leaving

No approach will be made for references to your present employer before you accept an offer of employment.

Education and Training			
Schools / colleges / Universities attended	Subjects	From	To

Particulars of Examinations Passed		
Examination / Date	Subjects	Pass Grade

Medical History

Have you ever suffered from : (please tick, if yes)

Asthma	<input type="checkbox"/>	Defective Eyesight	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>
Back Pains	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Epilepsy / Fits	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Rupture	<input type="checkbox"/>	Defective limb	<input type="checkbox"/>

Details of any lengthy illness.

How many days sick leave have you taken during the last 2 years ?	Are you a registered disabled person	YES / NO
	Registration No.	Expires

Particulars of convictions and summonses - Confidential

If you have at any time been convicted by a Court or Court Martial of ANY offence or a Probation Order has been made against you, if you have been BOUND OVER without conviction for ANY offence or if a SUMMONS has been issued against you or any charge brought against you in respect of ANY offence which has not been disposed of , full particulars must be given below. (Details should include motoring offences).

If you fail to give such particulars, you will not be considered for employment by the Company or if already employed, your employment will be terminated without notice.

If you have never been involved in any of the above matters, enter NIL in the column headed "Nature of Offence"

NOTE : Under the provisions of the Rehabilitation of Offenders Act 1974 you may have the right not to disclose particular convictions. A copy of the Home Office leaflet will be made available to you on request.

Date of conviction, Probation order, Binding over or, Outstanding summons or charge	NATURE OF OFFENCE	Sentence or Court Order with costs (if any)

Is there any additional information you would like to give us in support of your application ?

Holidays planned / booked

For All Applicants

I understand that my employment by the company is subject to the following conditions :

1. That I successfully pass any medical examination that may be required.
2. That I am prepared to undergo whatever training is thought necessary by the company, wherever it is appropriate for such training to be given, at any time during the course of my employment.
3. That my employment will be subject to the rules and conditions within the Contract of Employment.
4. That if I am engaged prior to the receipt of satisfactory references, and if on receipt and thorough checking, these should prove to be unsatisfactory my engagement will be terminated. Without prior notice and upon payment only for the days actually worked by me.
5. That I will notify the company of any convictions or summonses (of whatever nature) that I may receive during the course of my employment.

I hereby declare that the statements made by me in the whole of this application are true, any false statement may result in dismissal.

Signature of Applicant _____ Date _____

For Office Use

First interview by _____ on _____

Remarks

Second interview by _____ on _____

Remarks

Engaged as _____ on _____

Commencing wage / salary _____ Hours of work _____

References checked _____

Signed _____ Date _____