



TRANSPORT GROUP LTD.

Nationworld House, Noose Lane, Willenhall, West Midlands. WV13 3AP

Tel: (01902) 601122 Fax: (01902) 638200

PRIVATE AND CONFIDENTIAL

NAME

ADDRESS
POST CODE

TEL No

NAT INS

No.

JOB APPLICATION FORM

POSITION

DEPOT/LOCATION

Please complete in BLOCK CAPITALS

RECOMMEND A FRIEND SCHEME

Were you recommended by a current Aspray Transport employee? YES/NO

If so, please give their name:

MOBILE

DOES YOUR SITUATION REQUIRE YOU TO POSSESS A VALID WORK PERMIT TO TAKE UP EMPLOYMENT IN THE U.K? (IF YES, PLEASE PROVIDE PERMIT DETAILS)

TRAINING/EDUCATION	DATES		EXAMINATIONS SUBJECT/RESULTS
	FROM	TO	
PROFESSIONAL QUALIFICATIONS/ CERTIFICATES	DATES		EXAMINATIONS SUBJECT/RESULTS
	FROM	TO	

PROFESSIONAL ASSOCIATIONS : Please state whether you are a member of any technical, professional association or Trade Unions and if so, which :

EMPLOYMENT HISTORY

Please give details of your work history, giving your present (or most recent) employer first. If you have worked in an unpaid capacity and would like to give details, please do so. Give reasons for any periods not accounted for.

Name & Address of Employer	Dates		Position held/ Main duties	Starting/ Leaving salary	Reason for leaving
	From	To			

Please provide the name and addresses of two business referees. One should be your current (or most recent) employer. Please note that these will not be contacted until a formal offer of employment has been made and accepted.

1. Name:	2. Name:
Occupation / Position:	Occupation / Position:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:

HEALTH

Height _____

Weight _____

Are you in good health ?

Yes / No

If NO please give details _____

Have you ever had treatment for :

Diabetes

Yes / No

Epilepsy

Yes / No

Blackouts

Yes / No

Have you ever had an operation ?

Yes / No

If yes please provide details _____

(use a separate piece of paper if required)

Do you wear glasses/contact lenses ?

Yes / No

Do you have any other eyesight problems ?

Yes / No

Are you colour blind ?

Yes / No

If yes please provide details _____

Do you wear an hearing aid ?

Yes / No

Do you have any other hearing problems ?

Yes / No

If yes please provide details _____

Do you smoke ?

Yes / No

Provide details of your weekly alcohol consumption _____

Are you currently taking any medicines/tablets ?

Yes / No

If yes please provide details _____

Are you presently suffering from any disability

which could affect you being able to drive or operate F.L.T. machinery ?

Yes / No

If yes please describe and state how long the disability is expected to continue.

Have you had any serious accidents ?

Yes / No

If yes please provide details _____

Are you willing to have a medical Examination ?

Yes / No

GENERAL

Have you ever been convicted of a criminal offence : (which is not a spent conviction under the Rehabilitation of Offenders Act 1974), or have ever been officially cautioned ? Yes / No

If yes please give further information : _____

Are you subject to any restraints e.g. restraints of trade in your current or future employment ? Yes / No

If yes please give further information : _____

Please give dates of any holidays arranged : _____

Do you have any commitments which may limit your working hours ? Yes / No

(I.e. military reserve/local government)

If yes please give further information : _____

Are you willing to work overtime and weekends when required ? Yes / No

Salary range expected _____

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

Have you worked for us before ? Yes / No

If yes give details of reason for leaving. _____

Please list your interests, sports, hobbies etc. _____

For Insurance Purposes only confirm if aged 25+ Yes / No

Do you have a current full driving licence ? Yes / No

Driving Licence No :

Date of Issue :

Type :

Does your licence have any current endorsements ? Yes / No

If yes, please give further information : _____

DECLARATION OF APPLICANT

I confirm that the above information is correct and that I understand that any false information or deliberate omissions, will disqualify me or may render me liable for dismissal.

I consent to the Company using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Company will retain the form for as long as is deemed necessary and that the Company may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed..... Dated.....

Equal Opportunity Monitoring Form

Aspray Transport Group Ltd is committed to promoting a policy of Equal Opportunities in employment for all applicants. You are requested to answer the following questions voluntarily to assist us in monitoring the effectiveness of our Equal Opportunities Policy, thereby ensuring that job opportunities are open to all. All information will be held in strict confidence and in accordance with the Data Protection Act and will be separated from your application form on receipt and before consideration of candidates takes place.

Depot _____ Post applied for _____

Date of Application _____

Are you currently employed by Aspray Transport Group Ltd, please (√) Yes No

Please tick (√) the relevant box

1. Sex: Are you

Male Female

2. Marital status: Are you

Single Married

3. Disability:

The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.

Using the above definition, would you:

Define yourself as a disabled person? Please tick Yes No

4. What is your date of birth:

Mth	Year	Age

5. What is your religion or belief system?

- None
- Church of Scotland
- Roman Catholic
- Other (please specify)

6. What is your sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Transsexual
- Bi-sexual
- Other (please specify)

7. Ethnic origin:

Choose **ONE** section from A to E, then tick (√) the appropriate box to indicate your cultural background.

A White

- Scottish English
- Irish Welsh
- Any other white background
- Other (please specify)

B Mixed

- White & Black Caribbean
- White & Black African
- White & Black Asian
- Other mixed

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other (please specify)

D Black or Black British

- Caribbean
- African
- Other (please specify)

E Other Ethnic Background (please specify)