



**APPLICATION FORM
 STRICTLY CONFIDENTIAL**

Title	Forenames	Surname
Address		Home Telephone
		Mobile
		Work Telephone (only if we may contact you there)

Post applied for: Reference No:

AGE
 How old are you? Date of Birth

GENDER [✓]
 Male Female

CURRENT/MOST RECENT EMPLOYER

Post Held		
Employer		
Date Appointed	Present Salary	Reason for wishing to leave

PREVIOUS EMPLOYMENT - listed with most recent first (Please Continue on a separate sheet if needed)

Dates, from - to	Employer	Post Held	Reason for leaving

DRIVING EXPERIENCE

Which types of vehicle are you licensed to drive? (✓)		Do you have a Digital Drivers Card? YES / NO	Card Number:
CAR	<input type="checkbox"/> 7.5 ton	Have you any experience driving left hand drive Trucks? YES / NO	How Many Years Experience do you have?
Class C	<input type="checkbox"/> Class C+E		
PSV Manual	<input type="checkbox"/> PSV Auto		
License Number:			

Do you have any penalty points? YES / NO	Details of offences:
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Types of Vehicle Operated (✓)	Please indicate which Countries you have an understanding of the local rules and regulations (✓)
Bulkers <input type="checkbox"/>	France <input type="checkbox"/> Belgium <input type="checkbox"/>
Box Trailers <input type="checkbox"/>	Holland <input type="checkbox"/> Luxembourg <input type="checkbox"/>
Fridges <input type="checkbox"/>	Germany <input type="checkbox"/> Spain <input type="checkbox"/>
Lorry Mounted Crane <input type="checkbox"/>	Italy <input type="checkbox"/> Greece <input type="checkbox"/>
Low Loaders <input type="checkbox"/>	Austria <input type="checkbox"/> Switzerland <input type="checkbox"/>
Moffet Mounity or Similar <input type="checkbox"/>	Denmark <input type="checkbox"/> Sweden <input type="checkbox"/>
Skelly/Containers <input type="checkbox"/>	Norway <input type="checkbox"/> Finland <input type="checkbox"/>
Tankers <input type="checkbox"/>	Eire <input type="checkbox"/> Andorra <input type="checkbox"/>
Tautliners <input type="checkbox"/>	Others(Please List)
Tilts <input type="checkbox"/>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Transporters <input type="checkbox"/>	
Wagon & Drag <input type="checkbox"/>	
Walking Floors <input type="checkbox"/>	

Do you have an ADR Licence? YES / NO	Licence Number:
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Please indicate which classes of ADR you hold. Tick (✓) Classes held and cross (✗) classes not held.

In Tanks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Other than in Tanks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

Do you have Air Cargo Security Level 4 Training? YES / NO	Date Passed:	Certificate No:
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TRAINING - (Please Continue on a separate sheet if needed)

Name of Organisation Providing Training	Course Attended	Date of Course

Proof of qualifications/memberships will be required at interview and copies taken at time of appointment.

PERSONAL INFORMATION

Do you have use of a car? YES / NO	National Insurance Number:
	Tax Code:

Do you have any criminal convictions? YES / NO	Details of offences
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Have you a current EU Passport? YES / NO	Passport Number:
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BANK DETAILS (FOR OFFICE USE ONLY)		
Bank Name:		
Account Name:	Account No:	Sort Code:

REFEREES

Please give names and addresses of two referees. One must be your current employer.

First Referee - Employer

Name:
 Organisation:
 Address:
 Post Code:

Daytime telephone:

May we contact them without further reference to you? **YES / NO**

Second Referee

Name:
 Organisation:
 Address:
 Post Code:

Daytime telephone:

May we contact them without further reference to you? **YES / NO**

In what capacity do you know the second referee?

SIGNATURE

I certify that the statements contained in this application are to the best of my knowledge correct.

Signed.....

Date.....

Monitoring the recruitment and selection procedures is one way of helping to ensure that there is no unfair discrimination in the way we take on people.

This monitoring form is detached before short listing and has no effect whatsoever on your application. The information you give us will be treated as confidential and is purely for monitoring our equal opportunities policy.

MONITORING FORM – Private & Confidential

Reference Number (to be completed by Personnel Office):

RACE/ETHNIC ORIGIN

Please choose ONE section from A to E, then tick (✓) the appropriate box (or write in description) to indicate your cultural background.

A. White

- British – English
- British – Scottish
- British – Welsh
- British – Other
- Irish
- Other White Background

C. Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Other Asian Background

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group

- Chinese
- Other Background

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed Background

D. Black, Black British, Black English, Black Scottish, or Black Welsh

- Caribbean
- African
- Other Black background

DISABILITY

1. Do you consider yourself to have a disability? **YES/NO**

If yes, please indicate which category best describes your disability (please see notes below)

Hearing impairment	<input type="checkbox"/>	Reduced physical capacity (3)	<input type="checkbox"/>
Visual impairment (1)	<input type="checkbox"/>	Severe disfigurement	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	Learning difficulties/mental handicap (4)	<input type="checkbox"/>
Mobility impairment	<input type="checkbox"/>	Mental illness (5)	<input type="checkbox"/>
Physical co-ordination difficulties(2)	<input type="checkbox"/>	Other (please describe)	<input style="width: 150px; height: 20px;" type="text"/>

Notes on categories of disability

- (1) Not corrected by spectacles or contact lenses
- (2) Includes, for example problems of manual dexterity and of muscular control, e.g. incontinence, epilepsy
- (3) Includes debilitating pain and lack of strength, breath, energy or stamina, e.g. from asthma, angina or diabetes
- (4) Includes the mental inability to perceive the risk of physical danger
- (5) Substantial and long lasting e.g. more than a year

Note: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. more than 12 months) adverse effect on a person's ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur.