



Application for Employment



Simmonds Transport Ltd • International House • Stafford Park 11 • Telford • TF3 3AY

If you would like to join Simmonds Transport, please complete sections below and we will contact you should a suitable position become available.

Personal Details

Surname: Mr/ Mrs/ Miss/ Ms _____

First Name (s) _____

HomeAddress _____

_____ Postcode _____

Telephone Number: _____ Mobile No: _____

Date of Birth: _____ Marital Status: _____

Position Applied for: _____ Nationality: _____

Employment Details

Please list most recent first.

1. Current/ Last Employer: _____ Telephone _____

Address: _____

Employment Period: From: _____ To: _____

Position: _____ Reason for leaving: _____

Line Manager's Name: _____

2. Previous Employer # 1: _____ Telephone _____

Address: _____

Employment Period: From: _____ To: _____

Position: _____ Reason for leaving: _____

Line Manager's Name: _____

3. Previous Employer # 2: _____ Telephone _____

Address: _____

Employment Period: _____ From: _____ To: _____

Position: _____ Reason for leaving: _____

Line Manager's Name: _____

4. Previous Employer # 3: _____ Telephone _____

Address: _____

Employment Period: _____ From: _____ To: _____

Position: _____ Reason for leaving: _____

Line Manager's Name: _____

Qualifications

Please detail any qualifications you have gained.

Qualification	Date	Subject	Pass Level
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Do you belong to any Professional Organisations? Which One (s)?

Personal Information

Do you have any criminal convictions, if yes please give details?

Do you require a permit to work in the UK, if yes, do you have one?

Medical Information

In the last five years have you consulted a medical specialist with regard to your eyes, respiration, circulation, skin or joints and bones, if yes please give details?

Are you colour blind and do you require vision correction for driving, if yes please give details?

Do you suffer from any chronic disability, if yes please give details of any problem that may affect your job?

Are you currently taking, or have you during the last 3 months been prescribed medication, if yes please give details?

Are you a smoker?

To be completed by DRIVING APPLICANTS ONLY

Please complete ALL details below

How many years have you held a Class 1 Licence? _____

What is your Licence number and expiry date? _____

What is your Driver Card number (5b)? _____

What is your Licence number (5a)? _____

What is the valid from/ valid to period on your driver card?

Valid from (4a): _____ To (4b): _____

Please give details of any current convictions on your licence:

Please give details of any accidents you have been involved in during the last 5 years:

Please detail any special areas of driving experience you have that you feel may be of use in your new position:

To be completed by WAREHOUSE APPLICATIONS ONLY

Please complete this section ticking whether you have often, rarely or never operated the equipment mentioned.

	Often:	Rarely:	Never:
Bendi/ Flexi:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Truck:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dble.Handler:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counterbalance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VNA:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barcode Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information- ALL APPLICANTS

Please describe any other experience or expertise you have gained which you feel will be valuable in the role you have applied for.

References

Please provide names and contact details of two referees we can approach for comment on your personality, work and commitment.

1. Referee # 1: _____ Telephone _____

Address: _____

Employment Period: _____ From: _____ To: _____

Contact Name: _____

Contacts Position: _____

2. Referee # 2: _____ Telephone _____

Address: _____

Employment Period: _____ From: _____ To: _____

Contact Name: _____

Contacts Position: _____

Declaration

I confirm that the information I have provided herein is, to the best of my knowledge, complete and correct at the time of writing. I understand and accept that any serious discrepancy in the details provided may result in my application being rendered void.

Signature _____ Date _____

Full Name (Block Capitals) _____

PLEASE NOTE SIMMONDS TRANSPORT IS AN EQUAL OPPORTUNITIES EMPLOYER.

