



## 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?

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

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## **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?

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

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

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

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Are you a smoker?

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**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:

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

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

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**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.

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## 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.**

