James Nuttall (Transport) Limited. ROYLE BARN ROAD, CASTLETON, ROCHDALE OL11 3DT

Tel: 01706 356255, Fax: 01706 354806, Email: enquiries@jamesnuttall.co.uk www.jamesnuttall.co.uk

JOB APPLICATION FORM

PLEASE PRINT CAREFULLY

7 22,102 7 711117 07 11 12 10			
Personal details			
Full name: Title:	Forename(s)	Surname:	
Home address:			
		Postcode:	
Current Email address:			
Home telephone:		Mobile telephone:	
Next of Kin:	Their Mobile no:		
Date of birth:	rth: National Insurance No:		
Are you legally eligible for	r employment in	the UK?	
Do you require a work pe	rmit to work in th	e UK?	
Marital Status:	•		
No. of dependants:		Ages:	
'		<u> </u>	
Employment required			
Position applied for:			
Salary expected:	£	per week / month / annum (delete as appropriate)	
Where did you hear abou		per week / month / armam (delete as appropriate)	
Other employment interes	•		
Other employment interes	515.		
When would you be avail	able to start?		
Would you work full-time?	? □ YES	□NO	
If part-time, state days/ho	urs:		
If offered this position will	you continue to	work in any other capacity? ☐ YES ☐ NO	
Have you previously worked for us? ☐ YES ☐ NO			
If yes when?			
<u> </u>			
Medical Information			
	he particular job	for which you are applying limited in any way?	
is your ability to perform the particular job for which you are applying limited in any way:			
Is there a way we can overcome this?			
Do you have any current medical condition we need to be aware of e.g. Diabetes?			
20 juli 1.a. 5 a j dan din modical donamen no noda to bo andro di digi biabotod.			
If so, do you take any pre	scription medica	tion?	
Are you registered disable	ed?	In what way? If so,	
registration No:			
Do you have any Holidays planned/booked? Give details			

				, .	
Give details of any uns Rehabilitation of Offender		nvictions that yo	u may have	(as in accord	lance with the
Renabilitation of Offend	215 AUL 1974.)				
Employment					
List below present and p	ast employment	. beginning with	vour most re	ecent.	
Name and address of	From:	To:	Starting	Leaving	Name of Manager
Employer	Month / year	Month / year	Salary	Salary	
			£	£	
			per	per	
	Job title:				·
	Describe the work you did:				
Telephone:					
Type of business:					
	Reason for lea	aving:			
		9.			
Name and address of	From:	To:	Starting	Leaving	Name of Manager
Employer	Month / year	Month / year	Salary	Salary	Traine of Manager
1 7			£	£	
	7		per	per	
	Job title:		'		
	Describe the	work vou did:			
Telephone:	=				
Type of business:					
.)	Reason for lea	avina.			
	Reason for lea	avirig.			
Name and address of	From:	То.	Ctarting	Loguina	Name of Manager
Name and address of Employer	Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
Limpioyor	World 7 your	Wichter your	£	£	-
			per	per	
	Job title:		P 0.	μσ.	
	Describe the	work von did:			
		work you ala.			
Telephone:	\dashv				
Type of business:					
Type of business.	December le	avia av			
	Reason for lea	aving:			
Mana and all d	F	T	Otra d'	1	Name of BA
Name and address of Employer	From: Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
Litibioagi	ivioritii / yeal	ivioritii / year	£	£	-
	\dashv		Per	per	
	Job title:	l	1 01	Poi	
	LUCU HUE.				

		Describe the work you did	:	
Telephone:				
Type of business:				
Type of Eddinoco.		Reason for leaving:		
		reason for leaving.		
Please describe any	other w	ork you have been involved in,	e a voluntar	v freelance project work etc
Dates/duration:		iption:	o.g. voidinai	y, neolanos, project work etc.
Education, Qualif	ication	& Training		
			vour educat	tion, qualification and training to
		ils' the places you attended.		tion, qualification and training to
date. Include and	. Dota	no the places you alternaed.		
Details			Dates	Qualifications
Dotailo			From/To	Gained
Experience				
	ynaria	nce gained in previous posit	ions or in a	ctivities outside of work that you feel
show your antitude	es and	skills for the position applied	ions, or in at for.	Similes outside of work that you leef
J. Jour apilitude	- and	e ioi alle position applied		
_				

<u>Interests</u>				
Give details of your main interests and the depth to which these are pursued.				
	·			
Additional Information				
	you think may assist us in considering your application.			
	you among doors to me considering your approachem			
References				
	and occupations of two referees (not relatives), preferably			
	approach with regard to your application and later date after			
obtaining your permission.	3,7 3.3 3.3 3.4 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7			
Name:	Name:			
Occupation:	Occupation:			
Address:	Address:			
Telephone:	Telephone:			
<u>Licences</u>				
Driving Licence				
Number				
Date of first issue				
Expiry date				
Do you hold LGV Licence: Yes o	or No What class:			
Date of first issue				
Expiry date				
Drivers Digi Card				
Number				
Date of first issue				
Expiry date				
Drivers CPC				
Card Number				
Expiry Date				
Hours done				
towards next 5yrs				

Note: If you are invited to attend an interview, and your driving licence is relevant to your application, please bring it with you and a current copy of endorsements printed from the DVSA website.

Experience of driving the following types	of vehicle:
Rigid vehicle up to 8 tons capacity	
Rigid vehicle over 8 tons capacity	
Rigid vehicle with trailer	
Articulated vehicle over 8 tons capacity	
	-
Please give details of all driving conviction	ons (if none, state NONE)
Have you any reason to believe that you I	have any cases pending against you?
LOONEIDM MY DEDMISSION FOR THE OF	OMPANY TO ACCESS MY DRIVING LIGENCE
	OMPANY TO ACCESS MY DRIVING LICENCE NG THE INFORMATION ON THIS FORM, TO
	ECK MY LICENCE DETAILS 6 MONTHLY DURING
	D. I ALSO CONFIRM THAT I WILL INFORM THE
	G CONVICTIONS BETWEEN THESE CHECKS.
 .	
Signature:	
Date:	
	hich you were responsible ever been stolen? (if
yes, please give date and approximate lo	cation)
	and a law on the Patellanda Saturna day to all an
	owledge and belief the information is given
	consent to it being held on file under the
terms of the Data Protection Act 19	998.
Signature:	Date:
PLEASE RETURN BY HAND, VIA EMAIL C	OR BY POST TO THE ADDRESS AT THE TOP OF T
FORM.	

FOR OFFICE USE ONLY

Physical Road Test Details	
Use of controls /Gearbox:	
Manoeuvring:	
Planning/Hazard awareness:	
Speed in relation to circumstances:	
Other comments:	
Signature:	Date:
Print Name:	
FOR OFFICE USE ONLY	
Application form evaluated by:	Date:
Comments:	
Action:	
	La DE 1507 E
1st Stage: INTERVIEW	Or REJECT Or HOLD
2 nd Stage: INTERVIEW	Or REJECT □ or HOLD □
3 rd Stage: JOB OFFER	Or REJECT □ or HOLD □
Offer details:	