

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

Personal details		
Full name: Title:	Forename(s)	Surname:
Home address:		
Postcode:		
Current Email address:		
Private telephone:	Mobile telephone:	
Date of birth:	National Insurance No:	
Are you legally eligible for employment in the UK?		
Do you require a work permit to work in the UK?		
Marital Status:	Date of Marriage:	
No. of dependants:	Ages:	

Employment required		
Position applied for:		
Salary expected:	£	per week / month / annum (delete as appropriate)
Where did you hear about this vacancy?		
Other employment interests:		
When would you be available to start?		
Would you work full-time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If part-time, state days/hours:		
If offered this position will you continue to work in any other capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you previously worked for us?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes when?		

Medical Information	
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?	
If so, do you take any prescription medication?	
Are you registered disabled?	In what way? If so,
registration No:	

Do you have any Holidays planned/booked? Give details

Give details of any unspent criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974.)

Employment

List below present and past employment, beginning with your most recent.

Name and address of Employer	From: Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			per	per	
	Job title:				
	Describe the work you did:				
Telephone:					
Type of business:					
	Reason for leaving:				

Name and address of Employer	From: Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			per	per	
	Job title:				
	Describe the work you did:				
Telephone:					
Type of business:					
	Reason for leaving:				

Name and address of Employer	From: Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			per	per	
	Job title:				
	Describe the work you did:				
Telephone:					
Type of business:					
	Reason for leaving:				

Name and address of Employer	From: Month / year	To: Month / year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			Per	per	
	Job title:				

Interests

Give details of your main interests and the depth to which these are pursued.

Additional Information

Give any further information, which you think may assist us in considering your application.

References

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers whom we may approach with regard to your application and later date after obtaining your permission.

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:

Licences

Driving Licence	
Number	
Date of first issue	
Expiry date	

Do you hold LGV Licence: Yes 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 convictions (if none, state NONE)

Have you any reason to believe that you have any cases pending against you?

<p>I CONFIRM MY PERMISSION FOR THE COMPANY TO ACCESS MY DRIVING LICENCE DETAILS ON-LINE WITH THE DVSA, USING THE INFORMATION ON THIS FORM, TO CONFIRM ENDORSEMENTS AND TO CHECK MY LICENCE DETAILS 6 MONTHLY DURING EMPLOYMENT, SHOULD I BE EMPLOYED. I ALSO CONFIRM THAT I WILL INFORM THE COMPANY OF ANY ADDITIONAL DRIVING CONVICTIONS BETWEEN THESE CHECKS.</p> <p>Signature:</p> <p>Date:</p>

Has any load, part load, or vehicle for which you were responsible ever been stolen? (if yes, please give date and approximate location)

I declare that to the best of my knowledge and belief the information is given in this application is correct and I consent to it being held on file under the terms of the Data Protection Act 1998.

Signature: _____ Date: _____

PLEASE RETURN BY HAND, VIA EMAIL OR BY POST TO THE ADDRESS AT THE TOP OF THE 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:		
1 st Stage: INTERVIEW	Or REJECT <input type="checkbox"/>	or HOLD <input type="checkbox"/>
2 nd Stage: INTERVIEW	Or REJECT <input type="checkbox"/>	or HOLD <input type="checkbox"/>
3 rd Stage: JOB OFFER	Or REJECT <input type="checkbox"/>	or HOLD <input type="checkbox"/>

Offer details: