

C. DRIVING DETAILS

Date passed Driving test	Classes of Licence		Have you driven in Mainland Europe	If yes, where
	Date	Points		

Have you had any motoring accidents in the last 3 year

DRIVING CONVICTIONS

Offence	Date	Points	Sentence or Fine

D. EMPLOYMENT HISTORY

Please list starting with the most recent, all the organisations for which you have worked during the last 10 years:

Name(s) and Address(es) of Employer(s)	Dates		Position Held/ Main Duties	Starting/ Leaving Salary	Reason for Leaving
	From	To			

E. HEALTH

Are you in good health? Yes / No
If No, please give further information:

Have you ever suffered from any serious illness or had any major operation? Yes / No
If Yes, please give details:

Are you prepared to undergo a medical examination prior to employment? Yes / No

F. SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary).

Please give dates of any holidays arranged:

Do you have any commitments which might limit your working hours? Yes / No
If Yes, please give details:

Are you willing to work weekends when required? Yes / No

Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Legislation). Yes / No

If Yes, please give further information:

How much notice are you required to give to leave your present employment?

How will you travel to and from work?

Can we contact you 24 hours a day Yes / No

Please list your interests, sports, hobbies, etc.

G. REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation processing the information contained herein. I understand that, if successful, the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for a maximum of 6 months, and they may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

INTERVIEW RECORD

Interviewed by: _____

Date: _____

Decision:
(Tick as applicable)

Reject

Further Interview

Accept

Interviewer's report and reasons for decision:

Rejection letter sent: Yes / No

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