



Red Rose



Employment Application Form

Confidential

Position Applied for:

Availability (*Please circle*):

Part time / Full time

Day / Evening / Weekends

Personal Information

Full Name:

Surname

Forename

Title

Address:

Street Address

Town

City

Country

Post Code

Home Phone:

Mobile:

Email

National Insurance
Number

Birth Date:

Marital Status:

Please circle your living arrangements:

Own home / Rent / Live with parents or relatives / Live with friends

Have you ever had a CRB check? (*Please Circle*) **Yes / No**

If yes, please provide details of which authority and the date the check was carried out:

Next of Kin to be notified in case of emergency:

Name: _____ Relationship: _____ Phone number: _____

Licence Details

Do you own a car?

Do you hold a driving licence?

Yes/No

What is your Driving Licence Number

Date of Licence expiry

What vehicle groups is your Licence valid for? _____

PSV Licence
details

_____ *Date Passed* _____ *Licence Number* _____ *Expiry Date*

Licence valid for which types of vehicles? _____

(Please specify if manual or automatic licence held)

Do you hold a valid driver qualification (CPC) card? *(Please circle)* **Yes/No**

If yes, when does it expire? _____

How many CPC courses have you attended towards your driver qualification card renewal? _____

Medical status

What is your height? _____ What is your weight? _____ Are you a smoker? _____

Do you have any physical disabilities, which could affect this application? *(Please Circle)* **Yes / No**

If yes, please give details

Disabled Registration Number _____

List all major illnesses suffered during the last 5 years

Approximate amount of sick leave
during the last 5 years _____

Education

| School, College or Institute | From | To | Examination and Results (If applicable) |
|------------------------------|------|----|---|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Training

Please provide details of any training courses taken, on the job training, membership of professional bodies.

Convictions (including motoring convictions)

| Date | Offence | Description and place of court | Sentence or order |
|------|---------|--------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Interests

List any past times, sports, hobbies, leisure activities

Employment History

N.B. We will not approach your present employer without your permission

| | Present Employer | 1 st Previous Employer | 2 ND Previous Employer |
|-------------------------------------|------------------|-----------------------------------|-----------------------------------|
| Name and Address of employer | | | |
| Trade | | | |
| Position held | | | |
| From / To | / | / | / |
| Reason for leaving | | | |
| Salary | | | |
| Referee name | | | |

References

Please give details of two people who are not your relatives whom we could approach for a reference who have known you for at least two years

Referee 1

Name: _____

Relationship to you: _____

Occupation: _____

Address : _____

Telephone Number _____

Email Address: _____

Number of years known: _____

Referee 2

Name: _____

Relationship to you: _____

Occupation: _____

Address: _____

Telephone Number _____

Email Address: _____

Number of years known: _____

Additional Information

Please use this space for any information you feel will assist us in considering your application

Declaration

I declare that the information given is to the best of my knowledge and believe it to be correct

| | |
|---------------|-------------|
| Signed: _____ | Date: _____ |
|---------------|-------------|