

Southdown PSV Ltd
Silverwood Snow Hill Copthorne RH10 3EN
01342 719619

APPLICATION FOR EMPLOYMENT

Post applied for: _____

Personal details

Surname _____ Forenames _____
 Address _____ Age _____ DOB _____
 _____ Home Phone No. _____
 _____ Mobile Phone No. _____
 Postcode _____ Marital Status _____
 Next of Kin Name _____ Hobbies & Interests _____
 Relationship _____
 Address _____
 _____ Post code _____
 Telephone _____

Driving Experience and Licence Details

Do you hold a full manual British Licence (please tick) YES NO

If yes, how long have you held the licence _____

Enter the Driver Number here: _____

Do you hold a current PCV licence? YES NO
 If yes, does this include manual PCVs? YES NO

When does your PCV licence expire? _____

Does your licence have any restrictions YES NO

If 'YES' please give details _____

How long have you had a PCV entitlement _____

Motoring offences, criminal convictions and legal proceedings

If this section does not apply to you, please write 'NONE', with the exception of offences that are deemed spent the terms of the rehabilitation of offenders act 1974, Please give full details. Any false statement may disqualify you from employment, or if discovered after employment has commenced, may render you liable to instant dismissal.

Court Code	Date of conviction	Nature of offence or offence code	Sentence of court, points on licence (include fines)

Southdown PSV Ltd
Silverwood Snow Hill Copthorne RH10 3EN
01342 719619

Previous Employment

Please give details covering at least the last two years – if there is insufficient space; please continue on a separate sheet of paper.

Name of Employer _____ Position held _____
Type of Business _____ Contact name _____
Address _____
Postcode: _____ Telephone No. _____
Employed from: _____ Until: _____
Reason for leaving _____

Name of Employer _____ Position held _____
Type of Business _____ Contact name _____
Address _____
Postcode: _____ Telephone No. _____
Employed from: _____ Until: _____
Reason for leaving _____

Name of Employer _____ Position held _____
Type of Business _____ Contact name _____
Address _____
Postcode _____ Telephone No. _____
Employed from _____ Until: _____
Reason for leaving _____

Medical Information

Do you smoke? YES NO

If you are registered disabled, please state the nature of your disability:
Registered number.....

Have you been absent from work in the past 2 years due to poor health YES/NO

If the answer is yes, please give the number of working days lost _____

Even if you are not registered disabled, do you have any disabilities YES/NO

Have you ever had to leave any employment for health reasons YES/NO

Are you receiving a disability pension or an industrial injury benefit YES/NO

Southdown PSV Ltd
Silverwood Snow Hill Copthorne RH10 3EN
01342 719619

Are you presently:

- | | |
|--|--------|
| a) On sick leave | YES/NO |
| b) Under or awaiting treatment from a hospital or GP | YES/NO |
| c) On any medication or drugs | YES/NO |

Have you ever in your life, including childhood, had the following:

- | | |
|--|--------|
| A) Any heart condition | YES/NO |
| B) Loss of sight or cataract removed | YES/NO |
| C) Double or tunnel vision | YES/NO |
| D) Any epileptic attack, stroke or loss of consciousness | YES/NO |
| E) A drink or drug related problem | YES/NO |

Are you being treated, or have you ever been treated, for any of the following:

- | | |
|-------------------------------------|--------|
| A) Angina | YES/NO |
| B) Medical or nervous disorders | YES/NO |
| C) Diabetes with insulin injections | YES/NO |
| D) Back pain | YES/NO |

Further information

If you have marked 'YES' in any of the above and have not given details, please do so below.
If you have any other medical condition that may affect your ability to work, please give details below.

Southdown PSV Ltd
Silverwood Snow Hill Copthorne RH10 3EN
01342 719619

Please give a brief statement in support of your application, including details as to why you feel that you are suitable for the post which you are applying

Availability

If you are offered employment by Southdown PSV, when would you be available to start:

Do you have any holiday booked or have any other commitments?

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete & correct and that any untrue or misleading information will give Southdown PSV the right to terminate any employment contract offered.
2. I agree that in signing this form I agree and give permission for a medical examination and/or drugs/alcohol test if required at any time.
3. I agree that should I be successful in this application, I will if required undergo CRB clearance. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of Southdown PSV any offer of employment may be withdrawn or my employment terminated.

Signed.....Dated.....