

Application Form for Employment

PLEASE COMPLETE ALL FIELDS ON THIS FORM ENSURING THAT ALL INFORMATION IS CORRECT THE BEST OF YOUR KNOWLEDGE – IF A SECTION DOES NOT APPLY TO YOU PLEASE ENTER *N/A* - BLANK SECTIONS MAY DELAY YOUR APPLICATION

Position applied for:

SECTION 1 Personal Details

Title		Last Name	
First Name			
Address			
Postcode			
Home Telephone Number			
Mobile Telephone Number			
Email Address			

SECTION 2 Right to Work

Do you have the right to take up employment in the UK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require a permit/work visa	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 Driving Licence

Do you have a driving licence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what kind of licence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have your own transport?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any endorsements? If YES, please give details below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CODE:	DATE:	
CODE:	DATE:	
CODE:	DATE:	
Have you ever been disqualified from driving? If YES, please give details below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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SECTION 4 Work Experience

Please give details about the type of work experience you have

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SECTION 5 Education & Qualifications

Date from	Date to	Name of Establishment	Examinations taken and Qualifications gained

SECTION 5 Employment History

Please give details of your last three jobs, beginning with your present or most recent.

Name & Address of Employer	Date From	Date To	Job Title, Description & Responsibility	Reason for Leaving

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SECTION 6 Other Information

Have you made a previous application to the Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many weeks or months do you have to give to your current employer		
If you are disabled, please give details of any special arrangements you require to attend the interview		

SECTION 7 Medical Questionnaire

Date of Birth			
Name of GP			
Address of GP			
Postcode			
Has your employment ever been terminated on the ground of ill health? If YES, please give details below		<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is your height		What is your weight	
Do you smoke?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	What is your weekly alcohol consumption
Are you currently taking prescribed medicine?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Approximately how many days/weeks absence did you have did you in the last 12 months?			
Are you currently suffering from or have suffered from any of the below?			
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Lung Disease
<input type="checkbox"/>	Jaundice/Hepatitis	<input type="checkbox"/>	Joint Problems
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Serious Accident	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>		<input type="checkbox"/>	Stomach Trouble
<input type="checkbox"/>		<input type="checkbox"/>	Head / Migraines
<input type="checkbox"/>		<input type="checkbox"/>	Stress Reaction
<input type="checkbox"/>		<input type="checkbox"/>	Asthma

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<input type="checkbox"/> Hernia or Rupture	<input type="checkbox"/> Kidney/Bladder Problems	<input type="checkbox"/> Back / Neck Problems
<input type="checkbox"/> Fits/Epilepsy	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Hearing / Sight Problems
<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Surgical Operations	<input type="checkbox"/> Mobility Problems

SECTION 8 Referees

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (N.B. References will only be taken if you commence employment with us).

Reference 1			Reference 2		
Name			Name		
Their Position			Their Position		
Work Relationship			Work Relationship		
Organisation			Organisation		
Dates Employed		From	To	Dates Employed	
From				From	
To				To	
Address			Address		
Postcode			Postcode		
Telephone No.			Telephone No.		
Email:			Email:		

SECTION 9 Interest, Hobbies & Sports

Please give details of any interest you have or hobbies and sports that you take part in.

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SECTION 10 Criminal Records

Please give details of any criminal convictions except those spent under the rehabilitation of offenders ACT 1974.

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SECTION 13 Declaration

Please carefully read the paragraph below and sign and date the form

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application maybe disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection.

Signed:		Date	
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Omega Express Couriers Ltd undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act. 1998. After initial assessment, Omega Express Couriers Ltd may keep your details on file pending suitable opportunities that may arise in the future.

Please tick if you do not wish us to hold your details.

Please return the completed form along with any supported documents to:

Omega Express Couriers Ltd
Unit 26, Icknield Way Farm,
Tring Road
Dunstable
LU6 2JX