



EMPLOYMENT APPLICATION FORM

PRIVATE & CONFIDENTIAL

Surname		Forename	
Title		Date of Birth	
Address			
Postcode			
Landline No:		Mobile No:	
Email Address			

Are there any restrictions on you taking up employment in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If you answered YES to the above, please provide details:			
Criminal Record (If None please state)			
Are you able to work away from home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to work overtime when required?	<input type="checkbox"/> YES <input type="checkbox"/> NO



QUALIFICATIONS

If you hold a Full Driving Licence, please put your details below:

Licence No:	
Expiry Date:	

Are you in possession of the following?

CSCS Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Yes, Enter Expiry Date</i>	
Class 'C' Driving Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Yes, Enter Expiry Date</i>	
DQC Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Yes, Enter Expiry Date</i>	
Digital Smartcard	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Yes, Enter Expiry Date</i>	
ADR Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If Yes, Enter Expiry Date</i>	

If you have a current CPCS/NPORS Card, enter your details below:

Card Registration Number:		
Categories	Expiry Date	



EMPLOYMENT HISTORY

Name & Address of Employer	Job Title	Duties & Experienced Gained	Rate of Pay	Reason for Leaving
Notice period required in current post:				



<i>Please confirm if you have experience in the following areas:</i>			
Rigid Tipper	YES	NO	<i>Use this area to provide any further information:</i>
Readymix Truck	YES	NO	
HIAB	YES	NO	
Hook-Lift	YES	NO	
Articulated LGV	YES	NO	
Waste Ejector	YES	NO	
Low Loader	YES	NO	
Road Surfacing			
Labourer	YES	NO	
Paver / Planer	YES	NO	
Road Roller	YES	NO	

<i>(To be completed by HGV Drivers Only)</i>	
Would you consider yourself to have a good understanding of the Drivers Hours Regulations & The Working Time Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please provide the names & addresses of two person from whom we may obtain both character and work experience references:	
1	2

Please note any other employment you would continue with if you were to be successful in obtaining a position within our company.



Declaration *(Please read this carefully before signing this application)*

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the Company reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:		Date:	
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Once you have completed this form please return it to

**Geddes Group
Swirlburn
Colliston
Arbroath
DD11 3SH**

Or e-mail it to

lynn@geddesgroup.co.uk