

APPLICATION FORM – PRIVATE AND CONFIDENTIAL

RETURN THIS FORM TO: _____ REF. NO: _____

Personnel Dept, Traffix Ltd Head Office, Old Arden Brickworks, Bickenhill, Solihull, West Midlands B92 0DY

POSITION APPLIED FOR _____

Surname _____ Forename(s) _____ Title _____

Address _____

Date of birth _____ Telephone Number(s) _____

Current Driving Licence? Yes No Groups _____

Expiry date _____ Details of Endorsements _____

Schools _____ Qualifications gained _____

Colleges/Universities _____ Qualifications gained _____

Other training _____

EMPLOYMENT HISTORY

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/ FINISH SALARY	REASON FOR LEAVING

Notice required in current post _____

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work references.

LEISURE

Please note here your leisure interests, sports and hobbies, other past times etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974.
If none please state.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Are you disabled Yes No If yes please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, and allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

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. 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.
3. I agree that the organisation reserves the right to require me to undergo a medical examination.

Signed _____ Dated _____

FOR OFFICIAL USE ONLY

First interview date and notes: _____

Second interview date and notes: _____

Offer letter: Yes No

Rejection letter: Yes No

Acceptance Yes No

References: Yes No

PASS TO ADMIN: _____ DEAD FILE/ NEW FILE: _____