

Application For Employment

	Position A	pplied F	or:						
Instructions to Applicants: Please answer ALL questions or delete as appropriate, clearly and accurately.									
Personal Detail	S								
Surname				Date of Birth					
First Names				Home Tel No					
Address									
_				Email Address					
				National Insuranc	e No				
Post Code _									
Previous Employment By The Malcolm Group Have you previously been employed by a Malcolm Group Company? If YES please state your previous Job Title, Company, Location and Dates of Employment: YES / NO									
	ployment histor			your previous three employers are on a separate sheet if necessar		ears. Include any			
Employer's name and address		Dates From To		Job title, Main duties, Salary Reason for leaving State current notice period (or wishing to leave					
and continuing em	ployment, are s	subject to	receipt of	nom should be your current or entirely satisfactory references. prior to an offer being made unl					
Name of referee		Referee position	's	Employer	Tel No.	Permission to contact *			
1.						YES / NO			

Licences								
Do you hold a current full driving licence	? YES / NO	Please give date obtained:						
Licence Number:		Expiry Date of driving licence:						
Do you hold a LGV Licence?	YES / NO	Please give date obtained:						
Class of LGV Licence:		Expiry Date of LGV licence:						
Class of Vehicles driven recently		Do you have a Digital Tachograph Card						
Do you hold any of the following certifica		20 year 2 2 - 19 20						
Hiab	YES / NO	Bendi FLT	YES / NO					
Haz Freight Haz Pack	YES / NO YES / NO	Reach Truck Counterbalance FLT	YES / NO YES / NO					
* Please enclose copies of all relevant								
LGV Drivers CPC Training								
Do you hold a valid LGV Driver Qualifica	tion Card?			YES / NO				
Please provide the expiry date of your LGV Driver Qualification Card:								
Have you registered your details on the DSA (on-line CPC enquiry service for professional drivers) website? YES / NO Drivers can register on the DSA website at:- www.direct.gov.uk/checkdrivercpc								
Please note - An offer of employment is conditional upon your providing a copy of your LGV Driver Qualification Card and our checking your CPC training record on the DSA website.								
Convictions Have you been convicted of a criminal offence? (See below) If YES please specify date of conviction, Court, nature of offence and sentence imposed:								
in 120 piease specify date of conviction, Court, nature of offence and sentence imposed.								
Applicants are required to declare details of any criminal convictions, including motoring offences and endorsements to driving licences that are not "spent" under the Rehabilitation of Offenders Act 1974.								
Health								
Are you aware of any medical condition that may affect your ability to carry out the full duties of the post for which you are applying safely and without risk to your health? YES please provide details:								
Do you consider yourself to be disabled? If YES please outline the nature and effects of your disability:								
Will you require any adjustments to premises or working arrangements on account of your disability? YES please outline the adjustments you expect to require:								
Declaration The details that I have provided are, to the best of my knowledge, correct. I understand that to misrepresent, omit or give false information may jeopardise any contract of employment or may lead to dismissal. I am eligible to work in the UK.								
Data Protection Statement: I am aware and agree that the Malcolm Group use my personal data and this information may be used for purposes connected with recruitment and employment and will form a permanent part of my personnel record in manual and/or electronic form and may be used in connection with my employer's operational business.								
Signed:		Date:						