



# **FRAMPTONS TRANSPORT SERVICES LIMITED**

*NATIONAL & EUROPEAN HAULAGE STORAGE & DISTRIBUTION SPECIALISTS*

## **APPLICATION FOR EMPLOYMENT (NON DRIVING)**

POSITION APPLIED FOR

FULL NAME

ADDRESS

TELEPHONE No:

PLACE OF BIRTH

NATIONAL INSURANCE No:

MARITAL STATUS

No OF DEPENDENT CHILDREN

NEXT OF KIN

ADDRESS

TELEPHONE No:

EDUCATION

OTHER TRAINING

HOBBIES & INTERESTS

**MEDICAL QUESTIONNAIRE**

WEIGHT

HEIGHT

PLEASE STATE THE NUMBER OF DAYS ABSENT FROM WORK DUE TO SICKNESS DURING THE LAST TWO YEARS

PLEASE PROVIDE DETAILS

HAVE YOU EVER HAD TREATMENT FOR	EPILEPSY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	DIABETES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	BLACKOUTS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU EVER HAD AN OPERATION?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE PROVIDE DATES & DETAILS

DO YOU HAVE ANY EYESIGHT PROBLEMS? YES  NO

IF YES, PLEASE DESCRIBE

DO YOU HAVE ANY HEARING PROBLEMS? YES  NO

IF YES, PLEASE DESCRIBE

DO YOU SMOKE? YES  NO

ARE YOU CURRENTLY TAKING ANY MEDICATION? YES  NO

IF YES, PLEASE GIVE DETAILS

ARE YOU PRESENTLY SUFFERING ANY DISABILITY WHICH COULD AFFECT YOU BEING ABLE TO WORK? YES  NO

IF YES, PLEASE DESCRIBE AND STATE HOW LONG THE DISABILITY IS EXPECTED TO CONTINUE

ARE YOU WILLING TO HAVE A MEDICAL EXAMINATION? YES  NO

DO YOU HOLD A CURRENT DRIVING LICENCE?

YES

NO

Please give details of any Endorsements or Convictions

HAVE YOU EVER BEEN PROSECUTED FOR A CRIMINAL OFFENCE?

YES

NO

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS COMPANY?

YES

NO

If YES please state position applied for

DOES ANY MEMBER OF YOUR FAMILY WORK FOR THIS COMPANY OR HAVE YOU OR ANY MEMBER OF YOUR FAMILY WORKED FOR THIS COMPANY IN THE PAST?

YES

NO

If YES please state names

POSITION APPLIED FOR:

EXPECTED SALARY:

### CURRENT EMPLOYER

NAME OF EMPLOYER

ADDRESS

REASON FOR LEAVING

EMPLOYED AS

FROM

LENGTH OF NOTICE REQUIRED BY PRESENT EMPLOYER:

**PREVIOUS EMPLOYMENT - MINIMUM 5 YEARS (PLEASE USE A BLANK SHEET IF NECESSARY)**

NAME OF EMPLOYER

ADDRESS

REASON FOR LEAVING

EMPLOYED AS  FROM   
TO

NAME OF EMPLOYER

ADDRESS

REASON FOR LEAVING

EMPLOYED AS  FROM   
TO

ARE YOU A MEMBER OF A TRADE UNION? YES  NO

IF YES, PLEASE GIVE DETAILS

PLEASE GIVE ANY OTHER INFORMATION WHICH MAY SUPPORT YOUR APPLICATION

**DECLARATION**

*I CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE. I UNDERSTAND THAT ANY FALSE REPRESENTATION COULD LEAD TO MY DISMISSAL FROM THE COMPANY'S EMPLOY.*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**INTERVIEWERS COMMENTS**

INTERVIEW DATE ..... TIME .....

POSITION OFFERED : YES / NO

DEPARTMENT ..... START DATE .....

START PAY .....