



**Couch Logistics Limited**

# **APPLICATION FOR EMPLOYMENT**

**Please answer ALL questions.**

If necessary, please continue on additional sheet of paper and attach to this form.

**POSITION APPLIED FOR:** .....

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

First Name(s): ..... ..... Surname: .....	Home Address: ..... ..... Postcode: .....
National Ins No: ..... Nationality: .....	Home Telephone: ..... Mobile: ..... E-mail: .....
Emergency Contact/Next of Kin: Name: ..... Address: ..... Tel (Home): ..... Tel (Work): ..... Mobile: .....	Source of Application: Please state where you heard about this vacancy ..... ..... ..... ..... .....

**FOR OFFICIAL USE ONLY**

Interviewed by: ..... Date: .....

Driver Test Paper: ..... Drive Safe Assessment booked: .....

SAFED Training Course booked: ..... Outcome: .....

Manual Handling Booked: .....

## EMPLOYMENT HISTORY

Please start with current / most recent employer and provide details of all employment in the last 5 years. If at any time you were not in employment, please give details and dates.

<b>Company Name:</b>		<b>Telephone Number:</b>							
<b>Full Address and Post Code:</b>									
Date Employed From: (DD/MM/YYYY)		Date Employed To: (DD/MM/YYYY)							
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

<b>Company Name:</b>		<b>Telephone Number:</b>							
<b>Full Address and Post Code:</b>									
Date Employed From: DD/MM/YYYY		Date Employed To: DD/MM/YYYY							
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

<b>Company Name:</b>		<b>Telephone Number:</b>							
<b>Full Address and Post Code:</b>									
Date Employed From: DD/MM/YYYY		Date Employed To: DD/MM/YYYY							
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

<b>Company Name:</b>					<b>Telephone Number:</b>				
<b>Full Address and Post Code:</b>									
Date Employed From: DD/MM/YYYY				Date Employed To: DD/MM/YYYY					
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

<b>Company Name:</b>					<b>Telephone Number:</b>				
<b>Full Address and Post Code:</b>									
Date Employed From: DD/MM/YYYY				Date Employed To: DD/MM/YYYY					
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

<b>Company Name:</b>					<b>Telephone Number:</b>				
<b>Full Address and Post Code:</b>									
Date Employed From: DD/MM/YYYY				Date Employed To: DD/MM/YYYY					
Job Title:									
Reason for Leaving:									
In what capacity were you employed with this Company (Please tick all relevant boxes):									
Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Sub-contractor	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>

**Please provide additional information on a separate sheet if necessary.**

**EDUCATION DETAILS (AGE 11 ONWARDS)**

School/College/University	Attended From: DD/MM/YY	Attended To: DD/MM/YY	Course / Subject

**OTHER COURSES / TRAINING**

College / Training Provider	Period from MM/YY TO MM/YY	Course

**DRIVING LICENCE**

If you are applying for a position which requires you to drive a vehicle on behalf of the Company please complete this section.

Licence Number: ..... Category: B  C  C1  C+E  Other

Issue Date: ..... Expiry Date: .....

Do you hold a Digital Tacho Card? **YES / NO**      Do you have a Driver CPC Qualification? **YES / NO**

Please give details of any Endorsements/ Convictions

Offence	Code	Date	Points	Fines

Have you ever been convicted of a criminal offence, excluding any that are spent under the Rehabilitation of Offenders Act 1974. **YES / NO**

If yes, please give details.

Date	Offence	Sentence

**ADDITIONAL INFORMATION**

Please provide any additional information such as relevant skills, experience and achievements to support your application.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**ADDITIONAL REFEREES TO COVER GAPS IN EMPLOYMENT**

Please provide details of two referees known to you for at least five years (**not family members or partners**). If you have gaps in your employment history, please supply referees who will be able to verify what you were doing during those periods.

Name & Address of Referee 1:		Name and Address of Referee 2:	
Referee's Status:		Referee's Status:	
Telephone:		Telephone:	
Email:		Email:	

**DECLARATION**

I certify that all information provided in this Application for Employment is both accurate and complete. I understand that any false statements or withholding of information will provide grounds for the withdrawal of any offer of employment and may result in dismissal from the company if already employed.

I authorise the Company to take up references and I understand that any offer of employment is conditional upon the receipt of satisfactory and complete references for the last 5 years.

I give my consent for the information contained in this application form to be processed and held in accordance with the Data Protection Act 1998.

Signed: .....

Print Name: .....

Date: .....

**CANDIDATE DECLARATION**

Due to the security nature of the duties you are being considered for, Crouch Logistics Limited request that you carefully read and acknowledge the following points:

1. As a candidate applying for employment with Crouch Logistics Limited, you are knowingly declaring that the information given throughout the entire recruitment process is complete and accurate.
2. You are also knowingly declaring that you have no criminal convictions which are not treated as spent under the provisions of the Rehabilitation of Offenders Act 1974 and which are not disclosed on the application form.
3. You accept that any misrepresentation of the facts is grounds for refusal of employment or disciplinary proceedings (and, perhaps, criminal charges).

I have read and fully understand the above statements. I give my authorisation for approaches to be made to any former employers, educational establishments, government agencies and personal referees for verification of the information that I have provided. I give my consent for the information to be processed and held in accordance with the Data Protection Act 1998.

I have provided full details of my education, training and employment during the preceding 5 years, or since reaching the age of 15, whichever is the shorter period. I have provided precise dates, addresses and contact names wherever possible.

**FULL NAME:** .....

**SIGNATURE:** .....

**DATE:** .....