CONFIDENTIAL

A.J.A.SMITH TRANSPORT LIMITED

Please complete using CAPITAL letters

NAME:

POSITION APPLIED FOR:

PERSONAL DETAILS:

Surname: *Mr/Mrs/Miss
Forenames:
Address:

Telephone number:
Alternative contact number:

Nationality:

Date of Birth:

Nat Ins No:

Married or Single	*Married/Single

NOK details:
Name:
Address:

Relationship:

Number of children:

***Delete as applicable**

Car licence	Yes/No
LGV Licence	Yes/No
If yes what class ?	

How long held ?	

Convictions ?	Yes/No
details:	

Endorsements:	Yes/No
details:	

HEALTH
all questions must be answered

1. Are you in good health ?	Yes/No
2. Are you currently receiving treatment from a GP or Hospital ?	Yes/No
3. Do you suffer from any skin disease ?	Yes/No
4. Do you suffer from any disability ?	Yes/No
5. Are you registered disabled ? If yes give your Reg Disabled No.	Yes/No
6. Do you take any medication ?	Yes/No
7. Do you suffer from Epilepsy ?	Yes/No
8. Do you suffer from Diabetes ?	Yes/No
9. Do you have any back related problems ?	Yes/No
If yes what, if any, treatment have you had ?	
10. Do you now, or have you ever, suffered from any stress related problems ?	Yes/No
If yes, please give details.	

EDUCATION:

Name and address of school or Institute of Further Education attended

	Month and year		
Secondary Education	**From:**	**To:**	**Examinations passed (indicate level)**
Further Education (state whether full or part time)			
Professional Qualifications			

	Membership of Professional/Technical associations (indicate status)
Training (give details of any courses attended whether run by a previous employer or some other agency)	

Courses	**Duration**	**Agency or Employer**

WORK HISTORY (Cover at least five years showing the most recent employment first)

Previous Employers Name and Full Address	**Position and duties**	**From**	**To**	**Reason for leaving and wage or salary on leaving or at present**

Previous employment with the AJA SMITH TRANSPORT LIMITED

Your Position	From	To	Reason for leaving

References: In addition to previous employers please provide details of two private referees who are not relatives	
1. Name:	**Address:**
Occupation:	
2. Name:	**Address:**
Occupation:	

Do you have any relatives or friends employed by AJA SMITH TRANSPORT LIMITED (if yes please give details	Yes/No

Criminal Convictions:

If you have any convictions please give details below. Offences spent under the provisions of the Rehabilitation of Offenders Act 1974 should not be included (Note a record of criminal convictions may not necessarily debar you from employment).

Date:	Offences:	Reasons:

Other Information:

In order for us to obtain further information about you please give details of any relevant experience; your reasons for applying and any supporting information that you believe will enhance this application.

Any information found to be incorrect, misleading or not stated in any of the above sections, will render this application and any subsequent offer of employment or contract invalid and your employment will be terminated immediately.

Applications leading to employment with AJA SMITH TRANSPORT Limited will be in line with the conditions of service outlined in the AJA SMITH TRANSPORT LIMITED Terms and Conditions of Employment.

I state that all information submitted in this application is correct and true.	
Signature:	**Date:**