

EMPLOYMENT HISTORY

Please provide details of your current and previous work experience covering the last 4 jobs, starting with the most recent

Company Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Duties/Job Title:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Post Code:	<input type="text"/>	Reason for Leaving:			
Telephone:	<input type="text"/>	Contact Name:	<input type="text"/>	<input type="text"/>	
Can we approach this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Duties/Job Title:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Post Code:	<input type="text"/>	Reason for Leaving:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Can we approach this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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Address:	<input type="text"/>	Duties/Job Title:			
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Post Code:	<input type="text"/>	Reason for Leaving:			
Telephone:	<input type="text"/>	Contact Name:	<input type="text"/>	<input type="text"/>	
Can we approach this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company Name:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Duties/Job Title:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Post Code:	<input type="text"/>	Reason for Leaving:			
Telephone:	<input type="text"/>	Contact Name:	<input type="text"/>	<input type="text"/>	
Can we approach this company for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

PERSONAL REFERENCE DETAILS

Full Name:	<input type="text"/>				
Address:	<input type="text"/>				
<input type="text"/>	<input type="text"/>				
<input type="text"/>	Post Code:	<input type="text"/>			
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>		

NEXT OF KIN

Full Name:

Telephone: Mobile:

Position(s) applied for:

How did you hear of us? JOB CENTRE NEWSPAPER RECOMMENDATION

YELLOW PAGES OTHER (Please Specify)

Have you ever worked at another agency? YES NO

(If yes please give details below)

QUALIFICATIONS

License Groups Held:

Category A	<input type="checkbox"/>	Category D1	<input type="checkbox"/>
Category B	<input type="checkbox"/>	Category D1 + E	<input type="checkbox"/>
Category B + E	<input type="checkbox"/>	Category D	<input type="checkbox"/>
Category C1 (7.5t)	<input type="checkbox"/>	Category D + E	<input type="checkbox"/>
Category C1 + E	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>
Category C	<input type="checkbox"/>		<input type="checkbox"/>
Category C + E	<input type="checkbox"/>	<input type="text"/>	
	<input type="checkbox"/>		

Any other relevant driving qualifications?
(i.e. PSV, FLT, HIAB, ADR, CPC etc.)

Are you acquainted with tachographs, driver's hours and relevant driving regulations? YES NO

ENDORSEMENTS

Do you have any license endorsements? YES NO (If yes please specify below)

Code: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

Have you had any accidents over the past 5 years? YES NO (If yes please specify below)

PPE CHECKLIST

Do have the following protective accessories?

Hi-Vis Vest Steel Capped Boots Hard Hat Gloves

AVAILABILITY

When are you available for work?

Start Date: Temporary Permanent Both

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional availability details:

HEALTH

Have you ever, including childhood, suffered from any of the following conditions?

- | | | | |
|---------------------------------|--------------------------|--------------------------------------|--------------------------|
| Back Trouble | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Ear Infection / Deafness | <input type="checkbox"/> | Has anyone at home had tuberculosis? | <input type="checkbox"/> |
| Varicose Veins | <input type="checkbox"/> | Dermatitis, Psoriasis, or any skin | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | trouble | <input type="checkbox"/> |
| Fainting Attacks | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Blackouts / Epilepsy | <input type="checkbox"/> | Recurrent Sore Throat | <input type="checkbox"/> |
| Disorders of the Nervous System | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> |
| Rheumatism | <input type="checkbox"/> | Pain in Chest | <input type="checkbox"/> |
| Gout | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> |
| Jaundice | <input type="checkbox"/> | Stomach Ulcer | <input type="checkbox"/> |
| Persistent Diarrhoea | <input type="checkbox"/> | Prolonged Indigestion | <input type="checkbox"/> |
| Malaria | <input type="checkbox"/> | Typhoid | <input type="checkbox"/> |
| Shortness of Breath | <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> |

If you have ticked any of the above, please give details:

Are you registered disabled? YES NO Certificate No.: Expiry Date

INTERVIEWERS NOTES

DECLARATIONS EQUAL OPPORTUNITIES

Qualserv Consulting Ltd is committed to establishing equal opportunities and will ensure that candidates for appointments are judged only on their ability to do the job for which they are applying.

DATA PROTECTION

Qualserv Consulting Ltd will use the personal details that you supply us for the purpose of a recruitment service to you. In order to provide this service we will need to transfer your personal details to our clients for any employment undertaken.

If you do not want to be contacted by these companies please tick the following box :

APPLICANTS DECLARATION

- I understand that for health & safety reasons it is advisable that protective clothing and accessories such as safety boots and hi-vis vests be worn at all all times.
- I can confirm that I will correctly declare my earnings in respect of any benefit(s) claimed.
- I confirm that I am eligible to work in the UK.
- I undertake to inform Qualserv Consulting Ltd of the hours I have driven. Should I at any time work as a driver on my own behalf or on behalf of any person, firm or company for any period(s) of driving that I may do as a result of any introduction by you between the time of completing this application and accepting my first assignment.
- I acknowledge that it is my responsibility to ensure that the users issue sufficient Tachograph Charts to me, and that I shall ensure that these are returned to the user 21 days from the date of completion.
- I have read and understood the Qualserv Consulting Ltd terms of engagement for temporary workers issued.
- I authorise Qualserv Consulting Ltd to seek references as required.
- I declare that the information I have given on this application form is, to the best of my knowledge and belief, true and complete.

PRINT NAME:

SIGNATURE:

DATE:

