

DEVEREUX DEVELOPMENTS LIMITED

Daimler Drive, Cowpen Lane Industrial Estate, Billingham, Cleveland TS23 4JD
Telephone: (01642) 887700 Website: www.devereuxtransport.com

APPLICATION FOR EMPLOYMENT

(PLEASE USE BLOCK CAPITALS THROUGHOUT)

PERSONAL DETAILS

Surname:	Forenames:
Address: Postcode:	Telephone Numbers: Work: Home: Mobile:
Date of Birth:	Age:
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? Yes/No If Yes please give details:	
Do you have a current licence? Yes/No	Driving Licence Number:
Is it Clean? Yes/No If No please give details:	
Date of Issue:	Class: (i.e. HGV,PSV,PLG):
Position applied for:	
If offered this position, will you continue to work in any other capacity? Yes/No If Yes please give details:	
Have you previously worked for us? Yes/No If Yes please give details:	
On what date would you be available for work?	

HEALTH

Do you suffer or are you taking medication for any of the following:

Please tick all which apply

Heart Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>
If so, would you be willing to have a medical examination? Yes/No							
Is your eyesight (with or without the assistance of contact lenses or glasses), of sufficient level for driving? Yes/No							

EMPLOYMENT HISTORY

Please give details below of your previous employment, beginning with the most recent.

Present/Last Employer:			Type of Business:		
Address:					
Type of Work and Responsibilities:					
From:		To:		Leaving Pay £ per	
Reason you want to leave/have left:					
Present/Last Employer:			Type of Business:		
Address:					
Type of Work and Responsibilities:					
From:		To:		Leaving Pay £ per	
Reason for leaving:					
Present/Last Employer:			Type of Business:		
Address:					
Type of Work and Responsibilities:					
From:		To:		Leaving Pay £ per	
Reason for leaving:					
Present/Last Employer:			Type of Business:		
Address:					
Type of Work and Responsibilities:					
From:		To:		Leaving Pay £ per	
Reason for leaving:					
Present/Last Employer:			Type of Business:		
Address:					
Type of Work and Responsibilities:					
From:		To:		Leaving Pay £ per	
Reason for leaving:					

PERSONAL REFERENCES

Please give details of two people (not relatives) we could approach for references.

Name:	Name:
Occupation:	Occupation
Address:	Address:
Telephone Number(s):	Telephone Number(s):

DATA PROTECTION



The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights.

Except to the extent we are required or permitted by law, the information which you provide in this application form, and any other information obtained or provided during the course of your application (“the Information”) will be used for the purposes of assessing your application, for administrative and management purposes and statistical analysis.

If your application is unsuccessful or you choose not to accept any offer of employment we make, the Information will not be held for longer than is necessary in accordance with legal requirements, after which time it will be destroyed, relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the Information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the Information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, we would be grateful if you would sign the consent section below.

I CONSENT TO THE USE OF MY PERSONAL INFORMATION FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signature:

Date:

We may contact you at a later date if suitable future vacancies arise. Please tick the box if you do not want us to contact you for this purpose.

DECLARATION

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature:

Date: