

# John Miller Limited

## APPLICATION FOR EMPLOYMENT - DRIVER

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### Personal Details

First Names \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you need a permit to work in the UK? Yes/No

Do you hold a UK passport? Yes/No

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)? Yes/No

If Yes, please give full details \_\_\_\_\_

### Your Application

Have you worked for John Miller Transport before? Yes/No

Are you related to anyone employed by John Miller Transport? Yes/No

How much notice are you required to give your current employer \_\_\_\_\_

### Licences/Certificates held

Do you have a current driving licence Yes/No

If yes, please supply date passed \_\_\_\_\_

If yes, do you have any endorsements? (give details) \_\_\_\_\_

Do you have any further licences? LGV 1/LGV 2/Both/Other \_\_\_\_\_

Date passed \_\_\_\_\_

Please give details of any endorsements \_\_\_\_\_



## Work Experience

Starting with your most recent, please summarise your last 5 years' work experience. If at any time during this period you were not in employment please detail the reasons and dates below.

Employer's Name and Address	Date		Description of job/duties	Reason for leaving
	From	To		

Please set out below any further information to support your application, eg past achievements, future aspirations, personal strengths.(please use extra paper if required)

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## Health

Do you consider yourself to have a physical or mental disability or long-term medical condition that affects you in your normal day to day activities. Yes/No

Please complete the attached Medical questionnaire.

How many days were you absent through illness or injury in the last 12 months?

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**References**

All employment offers are subject to satisfactory references being obtained. We require contact details of two people, your most recent employer and one other from the last five years if applicable. References will only be sought once an offer of employment has been made.

Name:	Name:
Position:	Position
Company Name:	Company Name:
Address:	Address
Post Code	Post Code
Tel No:	Tel No:

**Declaration**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed dismissal.

I understand these details will be held in confidence by Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

**Signature****Date**

**FOR INTERNAL USE**

Date application received \_\_\_\_\_

Date application acknowledged \_\_\_\_\_

Shortlisted for interview Yes/No

If no, reasons \_\_\_\_\_

\_\_\_\_\_

Names of Interviewers \_\_\_\_\_

Date/Time of interview \_\_\_\_\_

If not appointed after interview reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date regret letter sent \_\_\_\_\_

Date offer letter sent \_\_\_\_\_

Offer accepted Yes/No      Date \_\_\_\_\_

References received    1     2

# EMPLOYMENT MEDICAL QUESTIONNAIRE

**POSITION APPLIED FOR:** \_\_\_\_\_

The following information will be treated in the strictest confidence.

**PERSONAL (Please complete this section in BLOCK CAPITALS)**

Full Name: _____	Name of Doctor: _____
Address: _____ _____	Address of Doctor: _____ _____
Private Tel. No.: _____	

Please answer the following questions. If the answer is YES then please provide full details.

Have you at any time suffered from the following conditions:

<b>ALLERGIES</b>	<b>GENITO-URINARY</b>	<b>NEUROLOGICAL</b>
Allergies YES/NO	Kidney stones YES/NO	Dizzy spells YES/NO
Asthma YES/NO	Pain on urination YES/NO	Epilepsy YES/NO
Hay Fever YES/NO	Sugar/albumin urine YES/NO	Fainting attacks YES/NO
<b>CARDIOVASCULAR</b>	<b>MISCELLANEOUS</b>	Paralysis YES/NO
Chest pain YES/NO	Anaemia YES/NO	Severe headaches YES/NO
Heart disorder YES/NO	Anxiety YES/NO	<b>RESPIRATORY</b>
High blood pressure YES/NO	Blood disorder YES/NO	Chronic cough YES/NO
Palpitations YES/NO	Cancer YES/NO	Pleurisy YES/NO
Rheumatic fever YES/NO	Depression YES/NO	Pneumonia YES/NO
<b>DIGESTIVE SYSTEM</b>	Diabetes YES/NO	Sinusitis YES/NO
Hernia YES/NO	General Debility YES/NO	Tuberculosis YES/NO
Jaundice YES/NO	Insomnia YES/NO	<b>SENSES</b>
Peptic Ulcer YES/NO	Skin disorder YES/NO	Colour blindness YES/NO
Rectal bleeding YES/NO	<b>MUSCULOSKELETAL</b>	Ear disorder YES/NO
	Arthritis YES/NO	Eye disorder YES/NO
	Backache YES/NO	Nose disorder YES/NO
	Back Injury YES/NO	Throat disorder YES/NO
	Disc disorder YES/NO	
	Gout YES/NO	
	Joint/Tendon disorder YES/NO	
	Rheumatism YES/NO	

