

John Miller Limited

APPLICATION FOR EMPLOYMENT - DRIVER

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)

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?

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

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:

ALLERGIES	GENITO-URINARY	NEUROLOGICAL
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
CARDIOVASCULAR	MISCELLANEOUS	Paralysis YES/NO
Chest pain YES/NO	Anaemia YES/NO	Severe headaches YES/NO
Heart disorder YES/NO	Anxiety YES/NO	RESPIRATORY
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
DIGESTIVE SYSTEM	Diabetes YES/NO	Sinusitis YES/NO
Hernia YES/NO	General Debility YES/NO	Tuberculosis YES/NO
Jaundice YES/NO	Insomnia YES/NO	SENSES
Peptic Ulcer YES/NO	Skin disorder YES/NO	Colour blindness YES/NO
Rectal bleeding YES/NO	MUSCULOSKELETAL	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	

