

| Application for Employment  |                              |  |  |
|---|------------------------------|--|--|
| <b>Personal Details</b>   |                              |  |  |
| First Name  |                              | Surname  |  |
| Address   |                              |  |  |
| Postcode  |                              | Date of Birth  |  |
| Telephone   |                              | Mobile   |  |
| 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  |                              |  |  |
| <b>Your Application</b>   |                              |  |  |
| Have you worked at John Miller Transport before?  | Yes / No                     |  |  |
| Are you related to anyone employed at John Miller Transport?  | Yes / No                     |  |  |
| How much notice are you required to give your current employer?   |                              |  |  |
| <b>Licences/Certificates Held</b>   |                              |  |  |
| 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 |  |  |

| Collisions          | Please provide details of any collisions you have been involved in during the past 3 years (whether at work or off duty) - including accidents with your own motor vehicle , which have involved engagement with either an insurance company or the police. |               |                        |                     |               |                   |
|---------------------|---|---------------|------------------------|---------------------|---------------|-------------------|
| Collision Details   | Date  | On/Off Duty   | Insurance Involved Y/N | Police Involved Y/N | Fines Imposed | Points on Licence |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
| Bans                | Please provide details of any driving bans imposed against you in the past 10 years   |               |                        |                     |               |                   |
| Description of Ban  | Date  | Fines Imposed | Driving Bans Period    |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
|                     |   |               |                        |                     |               |                   |
| Driver Declaration: | I confirm that the information I have provided above is a true reflection of any collisions/ bans I have received.  |               |                        |                     |               |                   |
| Driver Signature    |   | Date          |                        |                     |               |                   |

| <b>Work Experience</b>   |              |  |                    |
|--|--------------|--|--------------------|
| 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 From/To |  | Reason for leaving |
|  |              |  |                    |
|  |              |  |                    |
|  |              |  |                    |
|  |              |  |                    |
| Please set out below any further information to support your application, eg past achievements, future aspirations, personal strengths. (Please use extra paper if required)                 |              |  |                    |
|  |              |  |                    |

| <b>Health</b>  |          |
|--|----------|
| 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 |
| <b>Please complete the attached Medical Questionnaire</b>  |          |
| How many days were you absent through illness or injury in the last 12 days  |          |

### 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.

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <b>Name</b>           |  | <b>Name</b>           |  |
| <b>Position</b>       |  | <b>Position</b>       |  |
| <b>Company Name</b>   |  | <b>Company Name</b>   |  |
| <b>Address</b>        |  | <b>Address</b>        |  |
| <b>Postcode</b>       |  | <b>Postcode</b>       |  |
| <b>Contact Number</b> |  | <b>Contact Number</b> |  |

### Applicant 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.

|                             |  |             |  |
|-----------------------------|--|-------------|--|
| <b>Applicants Signature</b> |  | <b>Date</b> |  |
|-----------------------------|--|-------------|--|