

Time **WORLDWIDE**
EXPRESS

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***Application for
Employment***

Express Delivery on time, every time!

Please Complete in **BLOCK CAPITALS** - Please Note That We Will Not Process Incomplete Application Forms

Position applied for

Where did you hear about this vacancy?

Personal Details

Title

First Name(s)

Surname

Previous Surname(s)

Address
Postcode

Home Phone No.

Mobile No.

Email Address

Nat. Insurance/PRSI No.

Date of Birth Age

Town & Country of Birth

Are you currently employed? Yes No

Do you have a current Driving Licence? Yes No

If **Yes**, type of Driving Licence Held

Date driving test passed Driving Licence No.

Do you have your own transport? Yes No

Have you had any driving accidents or convictions in the past 2 years? Yes No

If **Yes**, please give details

Are you Married Single Divorced Other

Do you have children? Yes No

Are there any restrictions on you taking up employment in the UK or Ireland? Yes No

If yes please provide details on a separate sheet of paper

When are you available to start work?

Education History

Please give details of your last two schools or colleges attended

School or College attended	Dates (include DD/MM/YY)	Qualifications Obtained
Name: Address: Postcode:	From: <u> </u> / <u> </u> / <u> </u> day month year To: <u> </u> / <u> </u> / <u> </u> day month year	
Name: Address: Postcode:	From: <u> </u> / <u> </u> / <u> </u> day month year To: <u> </u> / <u> </u> / <u> </u> day month year	

Medical Details

Height Weight Are you a smoker? Yes No

Do you currently suffer ill health? Yes No

If **Yes**, please give details:

Have you attended your General Practitioner (GP) more than 3 times in the past 12 Months? Yes No

If **Yes**, please give details:

Have you suffered from any emotional or physical illness in the last 5 years that has affected your work record? Yes No

If **Yes**, please give details:

Are you currently receiving any treatment or taking medication? Yes No

If **Yes**, please give details:

Are you awaiting a hospital outpatient appointment or on a waiting list for inpatient care? Yes No

If **Yes**, please give details:

Do you consider yourself to have a disability or are you registered disabled? Yes No

If **Yes**, please give details:

Have you ever required any adjustments/adaptations or redeployment as a result of any medical position? Yes No

If **Yes**, please give details:

Please supply the name and address of your doctor:

Employment History

Please list all your employment details starting with the most recent ensuring there are no gaps. Please include periods of education, unemployment, self employment and military service during the last 5 years.

Please ensure all details are supplied

Employers Name, Address & Telephone No.	Date (DD/MM/YY)	Job Title & Duties	Reason for Leaving	OFFICE USE ONLY	
				Date ref sent	Date ref received
Name: Address: Postcode: Tel No:	From: / / day month year Starting Salary £				
Name: Address: Postcode: Tel No:	To: / / day month year Ending Salary £				
Name: Address: Postcode: Tel No:	From: / / day month year Starting Salary £				
Name: Address: Postcode: Tel No:	To: / / day month year Ending Salary £				
Name: Address: Postcode: Tel No:	From: / / day month year Starting Salary £				
Name: Address: Postcode: Tel No:	To: / / day month year Ending Salary £				
Name: Address: Postcode: Tel No:	From: / / day month year Starting Salary £				
Name: Address: Postcode: Tel No:	To: / / day month year Ending Salary £				
Name: Address: Postcode: Tel No:	From: / / day month year Starting Salary £				
Name: Address: Postcode: Tel No:	To: / / day month year Ending Salary £				

Personal References

Please provide details of two referees who have known you in a personal capacity for at least two years in the last five years that we may approach for a character reference. These referees cannot be blood related or related by marriage or by civil partnership.

Name: _____

Address: _____

Tel No: _____

In what capacity do you know this person?

How long have you known this person?

Name: _____

Address: _____

Tel No: _____

In what capacity do you know this person?

How long have you known this person?

Self Employment References

If you have ever been self employed please provide the name, address and telephone numbers of two referees who can vouch for any period of self employment. These referees should include an accountant or solicitor acting on your behalf during the course of the business where possible.

Name: _____

Address: _____

Tel No: _____

In what capacity do you know this person?

How long have you known this person?

Name: _____

Address: _____

Tel No: _____

In what capacity do you know this person?

How long have you known this person?

Employment

If you are applying for an operational or driving position, are you willing and able to work shift patterns which could include weekend shifts and night working?

Yes No

Are there any factors which may affect your ability to work at any time?

Yes No

If **Yes**, please give details:

Do you have any holidays booked?

Yes No

If **Yes**, please give details:

From: / / To: / /

Offences & Convictions

Have you ever been convicted of any civil or criminal offences?

Yes No

Are there any alleged offences or cautions outstanding against you?

Yes No

Do you have any outstanding court judgments?

Yes No

If you answered **Yes** to any of the above questions, please give details in the box below:

Personal Qualities

Briefly tell us what qualities you could bring to this job

Other Qualifications or Training

Briefly describe any other Qualifications or Training you have taken

Declaration

I certify that the information I have provided in this application is correct and complete to the best of my knowledge. I understand that any false statement or omission may be sufficient cause for rejection of my application, or if employed immediate dismissal from any employment I may enter into with the company.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory checks in compliance with Time Express Limited or The Transport Department Ltd's procedures.

I authorise the company to carry out vetting and to hold the information contained in the application form. Such information will be subject to the Data Protection Act. I acknowledge that the completion of this form in no way binds the company to offer me employment and that no contractual relations will exist between us until such time as I have signed a form of contract or accepted in writing the terms of a letter of appointment.

I understand that screening will involve verification of the details as specified below:

- Passport / ID and relevant visas - right to work in the UK or Ireland
- Residency check
- Criminality check

I understand that any contract hereafter signed by me or a letter of appointment issued by Time Express Limited or The Transport Department Ltd and accepted by me shall be construed to mean that I am appointed on probation for a minimum period of 6 months. I understand that during such a period of probation any contract written or implied shall be terminable by me or the company by not less than one week's notice expiring at any time (except in the case of Gross Misconduct).

I hereby authorise Time Express Limited or The Transport Department Ltd to verify information presented on my application form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and / or information covered by the European Directive 95 / 46. I authorise Time Express Limited or The Transport Department Ltd to perform reference checks of my employment, including current employment and to contact Department of Works and Pensions to confirm periods of unemployment (if any).

I understand that if any unsatisfactory reference is received from my current employer after I have accepted a role with Time Express Limited or The Transport Department Ltd, that my employment may be terminated with immediate effect.

I confirm that my consent is explicit, fully informed and freely given for the purposes of the Data Protection Act 1998.

Signature

Print Name

Date

For Office Use Only

Received on:

Interviewer:

Interview Date/Time:

Start Date:

Withdrawn Rejected Successful Invited for assessment

Date decision actioned

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

Document **Signature of person taking copy**

Birth Certificate

Driving Licence

Passport

Document **Signature of person taking copy**

Work Permit

Proof of NI/PRSI No.

Proof of Home Address

Time **WORLDWIDE**
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