

# Application For Employment

Position applied for : .....

**1. Personal details**

*Please complete all of the following sections clearly*

Surname	First Names
Address	National Insurance Number
	Telephone no
	Mobile no
	E-mail address
Hobbies and interests	
Do you have any unspent convictions ? YES / NO* <span style="float: right;">* delete appropriate</span>	
<i>If YES please provide details</i>	

**2. Employment history**

Current employer & address	Position
	Employed from
	Salary
	Minimum notice required ?

**3. Please provide details of previous employers who may be contacted to provide references**

1. Previous employer & address	Position
	Employed FROM/TO
	Salary
Reason for leaving ?	
2. Previous employer & address	Position
	Employed FROM/TO
	Salary
Reason for leaving ?	
3. Previous employer & address	Position
	Employed FROM/TO
	Salary
Reason for leaving ?	

**4. Qualifications**

Description	Place taken	Date achieved

**5. Driving licence details**

\* delete appropriate

Driving licence number	Date ordinary driving test passed		
	Expiry date		
Date LGV driving test passed	Class C ?	YES / NO*	Class C + E ?
			YES / NO*
Do you hold a DRIVER CPC qualification card?	YES / NO*		
	If YES when does it expire?		
How many hours have you completed towards your DRIVER CPC?	0 - 7 - 14 - 21 - 28 - 35 (circle which applies)		
Driving offences/accidents - please list	Date of conviction/accident	Offence code	Penalty points

**6. ADR licence details (only if applicable)**

Date ADR licence taken	Expiry date
Circle all ADR classes held :	1 2 3 4.1 4.2 4.3 5.1 5.2 6.1 6.2 7 8 9

*If you are a DRIVING APPLICANT please enclose a copy of your Driving Licence / Driver CPC card / ADR Licence with this application. For photocard licences please ensure that both front and back of the photocard are copied in addition to a copy of the counterpart licence.*

**7. Personal references - please provide details of two people (not relatives) we can approach with your permission**

Name	Name
Occupation	Occupation
Address	Address
Post code	Post code
Telephone no	Telephone no

**8. General**

Have you had any Employers Liability Claims and / or Personal Injury Claims in the last 5 years at work?	YES / NO*
<i>If YES please provide details</i>	
Why would you like to work for RASE ?	
What personal qualities will you bring to RASE ?	
Any other information	

**9. Declaration**

*I declare the information provided on this form is to the best of my knowledge accurate and can be verified. I understand that any false information knowingly given would lead to my dismissal if I am employed by the Company.*

Signed	Date
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Please return the completed application form together with any supporting documents to :

**RASE DISTRIBUTION LTD**  
**Wickenby Airfield, Langworth, Lincoln, LN3 5AX**  
**Telephone 01673 880000 - Fax 01673 885526**  
**or via e-mail to iannoon@rase.co.uk**

