



British Lead

British Lead
Peartree Lane
Welwyn Garden City
Hertfordshire
AL7 3UB

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**APPLICATION FOR EMPLOYMENT
CONFIDENTIAL**

Ref No:

Application form sent: ___/___/___
Application form returned: ___/___/___

COMMENTS: For Company use only.

**PLEASE COMPLETE IN BLOCK CAPITALS AND IN YOUR OWN HANDWRITING.
PLEASE TICK BOXES AS APPLICABLE:**

1. POSITION APPLIED FOR (where known)

Source of Application

- Direct Enquiry
- Personal Contact (Please specify)
- Advertisement (Please specify)
- Recruitment Agency (Please specify)

2. PERSONAL DETAILS

Surname:	Title:	Forenames:
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Home Address: Postcode:..... Email Address:	Preferred first name: Telephone No: (Including STD Code) Daytime: Evening: Mobile:
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Do you have a relevant current Driving Licence? Yes No

Have you had any prosecutions for driving offences in the last 5 years, or do you have any pending?

Are you a car owner? Yes No

3. PRESENT OR PREVIOUS EMPLOYMENT(if currently not in employment)	
Employer:	Date Commenced: Length of Service:
Address: Postcode:	Gross Annual Salary: £ On starting: Present Salary: £ £
Employer's Business:	Company Benefits (i.e. Pension, Bonus/Incentive Schemes, Holidays, Healthcare etc)
Job Title/Current Role:	Notice Period:
Describe in detail your current duties and responsibilities: (Please enclose additional sheet if required) Length of service in current role:	
Reasons for wishing to leave your current or previous employer:	
Reasons for applying for this role and to work for British Lead:	

4. PREVIOUS EMPLOYMENT

Please give details of all previous jobs since leaving full time education. Full details should be given for all positions held including previous responsibilities and duties. Please list the most recent job first.

Name and Address of Employer	Job Title and Main Duties	From	To	Salary on Leaving	Reasons for Leaving
1.
2.
3.
4.
5.

Please enclose any additional previous employment history on a separate sheet of paper if required.

7. LGV DRIVER ~ ONLY COMPLETE IF APPLYING FOR AN LGV DRIVER POSITION

PLEASE GIVE DETAILS OF THE FOLLOWING:

Driving Licence Number:

Issued by:

Date:

Expires:

Groups:

LGV/PSV Licence

YES/NO

Issuing Authority:

Class:

Date:

Expires:

ADR licence held:

Date:

Expires:

Have you received instruction on driving Commercial Vehicles? If so, state:

A. Training Body:

B. Place of Training:

C. Type of Vehicles:

D. Length of Training:

State previous experience of Articulated Vehicles

When did you last pass a DVLA Medical?

Do you have any medical conditions that may affect your ability to carry out this position?
If YES, please specify (e.g. Diabetes/Epilepsy)

PLEASE ATTACH A COPY OF YOUR DRIVING LICENCE

8. FURTHER PERSONAL INFORMATION

Will you be able to work overtime during the week and at weekends if required?

Yes No

Will you work shifts or other flexible working arrangements, if required?

Yes No

Will you undertake additional training/qualifications during employment?

Yes No

Are you related to anyone employed by British Lead? Yes No

If Yes state that name and relationship:

Have you worked for British Lead before? Yes No

Is your ability to perform the particular job for which you are applying limited in any way?

Yes No

If Yes, how can we overcome this?

9. DISCLOSURE OF CRIMINAL RECORDS

Please give details of any criminal convictions, warnings, reprimands, cautions, bindings over or other orders, pending prosecutions, or criminal investigations. **We will only take them into account if we consider them relevant to the job for which you have applied.**

Have you be convicted of any Criminal offence within the past 5 years or are you at present the subject of criminal charges? (Do not include 'spent' convictions)

Yes No

If yes, please give details of any unspent criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974)

10. GENERAL INFORMATION

Include Hobbies, Sports, Recreational Interests (include official positions held), Voluntary Work, etc.

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.....

Did you complete this form in your own hand writing?

Yes

No

If No, please provide the person's name who completed the form on your behalf and an explanation for this :

13. DECLARATION

I declare that the information on this form is true and accurate to the best of my knowledge. I understand that providing misleading or false information will disqualify me from appointment or may lead me to being dismissed if appointed to the position.

APPLICANTS SIGNATURE: **DATE:**

Please return completed form to:

Personnel Department
British Lead
Peartree Lane
Welwyn Garden City
Hertfordshire
AL7 3UB

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