**Your Personal Details FR Somerset Ltd**

Surname:

First names:

Address:

Postcode:

Contact Nos: Home: Mobile:

Type of work preferred (please tick):

Day Shift: 4x4 Shift: Tramping:

Night Shift: Part-Time: Odd Days:

Date of Birth: Place of Birth:

Nationality: Marital Status:

Do you need a work permit to take up employment in the UK? Yes: No:

If YES please give details:

Where you live, are you a (please tick): Homeowner: Council Tenant: Private Tenant:

Time at your present address:

Are you a SMOKER? Yes: No:

The information you supply in this form will be treated in the STRICTEST confidence.

**Your Medical History FR Somerset Ltd**

It is important that you FULLY complete this section, and that the CORRECT information is given. Where necessary details provided

should be verifiable by your DOCTOR.

1. In the last FIVE years, have you consulted a Hospital or Specialist,

or been referred as an Outpatient on problems in any of the following areas (please tick)?

Eyes Respiratory Circulatory Joints and Bones

2. In the last TWO years, have you consulted a Doctor or any other health professional

regarding any of the following (please tick)?

Eyes Respiratory Circulatory Joints and Bones

3. Are you colour blind?

Yes: No:

If YES please give details:

4. Do you require glasses for driving? Yes: No:

5. Do you require medication on a regular basis? Yes: No:

If YES please give details:

6. Do you suffer from a disability? Yes: No:

If YES, please give any details of any difficulties in carrying out your job that may arise from your disability:

**Driver Card Details**

From May 2006 ALL new vehicles MUST have a digital tachograph unit fitted. It is now FR Somerset company policy that ALL new drivers MUST HAVE digital tachograph card if allocated to such vehicle. As a result FR Somerset now require details of your driver card to be supplied below.

Please be aware that failure complete ALL boxes correctly will disqualify you from applying for a driving position within the Company.

Valid FROM (4a): Valid TO (4b):

Licence No. (5a):

Card No. (5b)

**Hours completed on CPC qualification**:

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**Your Employment History FR Somerset Ltd**

Please give details of your employment history, giving your most recent position FIRST and working backwards, explaining clearly

ALL gaps in your employment history.

Employer/address:

Telephone no: Job description:

From: To:

Employer/address:

Telephone no: Job description:

From: To:

**Your Licence Details**

Licence number: Expiry date:

LGV class: LGV expiry date:

Total years LGV:

Does your licence carry current endorsements? Yes: No:

If YES please give details and dates:

**Supplementary Information**

Are you willing to work overtime and weekends when required? Yes: No:

Do you have any pre-existing commitments which may limit your working hours?

(For instance military reserve, local government etc.) Yes: No:

If YES please give details:

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**Supplementary Information Ctd FR Somerset Ltd**

Are you subject to any restraints which may affect your current

or future employment? Yes: No:

If YES please give details:

Do you have any pre-existing holidays arranged? Yes: No:

If YES please give details:

If offered a position, how much notice must you give your current employer?

Have you ever been convicted of a Criminal Offence? (which is not, now ‘spent’

under the provisions of the Rehabilitation of Offenders Act, 1974)

Yes: No:

If YES please give details:

**References**

Please give details of a Referee of a previous employer.

Referee ONE

Name:

Position:

Company:

Address:

Telephone/email:

**Declaration**

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or

deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of FR Somerset Ltd.

Signed:

Full name: Date:

The information you supply in this form will be treated in the STRICTEST confidence