

***WAGON DRIVERS APPLICATION***

***General Information***

Title: Mr/Mrs/Miss/Ms/Dr Date of Birth: …………………………………………………………..

Surname:…………………………………………………… First Names:…………………………………………………………….

Address:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………..Postcode: …………………………………………………

National Insurance number: ……………………………………………………………………………………………………………….

***Contact Numbers***

Please ensure you enter all of your contact information correctly for us to be able to process your application

Home (inc area code): ………………………………… Mobile: ……………………………………………………………………

* Type of Work Preferred/First choice : Full Time or Part Time (please tick one)
* Do you need a work permit to take up employment in the UK? Yes/No

Please note that as required by the Asylum and Immigrations Act 1996 all candidates invited to interview will be required to produce evidence of their eligibility to work in the UK.

* Are you a SMOKER? Yes/No

Please state what interests you about this job? …………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

***Work Experience:***

**Bulk Tipper Wagons:** Often/Rarely/Never **Quarries:** Often/Rarely/Never

**Landfills:** Often/Rarely/Never **Building sites:** Often/Rarely/Never

**Other:** ………………………………………………………………………………………………………………………….

***Your Medical History***

 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.

* 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 all that apply) Eyes:

Respiratory: …………………… Circulatory: …………………………. Skin: ……………………………………

Joints & Bones: ………………. Back Pains/problems: ………….

* 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: ………………………. Skin: …………………………………….

Joints & Bones: …………………. Back Pains/problems: …………

* Are you colour blind? Yes/No (If YES please give details): ………………………………………………………………..
* Do you require glasses for driving? Yes/No
* Do you require medication on a regular basis? Yes/No (If YES please give details): ………………………………………………………………………………………………………………………………………………
* Have you at any time had you’re driving/machine licence revoked for any medical reason? Yes/No

If yes please specify: ……………………………………………………………………………………………………………………………

***Digital Driver Card***

Digital Driver Card details must be provided. Failure to complete all sections will result in your application being rejected. 'Card Applied For' or similar wording will NOT be accepted.

Licence No (5a) ……………………………………………………………………………………………………………….

Digi Card No (5b) ……………………………………………………………………………………………………………….

Valid from: ……………………………………………. Valid to: ………………………………………………

***Accident Information:***

* In the last 3 years have you had/been involved in any accident at work? Yes/No

If yes please give details: …………………………………………………………………………………………………………………….

* Did you receive a caution or any prosecution? Yes/No

If yes please give details: …………………………………………………………………………………………………………………….

***Your Driving Licence Details***

Expiry Date: ………………………………… Does your licence carry current endorsements? Yes/No

If YES please give details: …………………………………………………………………………………………………………………….

***Training and Qualifications***

 Please detail any qualifications or training undertaken, including the approximate date and result (e.g. CITB, CSCS, NVQ, Asbestos awareness or First Aid etc.):

Subject: ………………………………………………………………………………………………………………………………………………

Exam/Course: ………………………………………… Approx. Date: ………………………………………………………..

Subject: ………………………………………………………………………………………………………………………………………………

Exam/Course: ……………………………………….. Approx. Date: ………………………………………………………….

Subject: ………………………………………………………………………………………………………………………………………………

Exam/Course: ……………………………………….. Approx. Date: …………………………………………………………

***You’re Work Experience***

 Please give details of your employment history giving your most recent position **FIRST** and working backwards explaining clearly **ALL** gaps in your employment history. There is no limit to the amount of jobs that can be added.

Employer: ……………………………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………..

Job Description: ………………………………………………………………………………………………………………………………….

From:………………………………………………………………… To: ………………………………………………………………

Basic Pay: ………………………………………………………… Takehome: (£ pw)……………………………………….

**2nd Job**

Employer:…………………………………………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………

Job Description: ………………………………………………………………………………………………………………………………….

From: ………………………………………………………………. To: ………………………………………………………………

Basic Pay: ………………………………………………………… Takehome: (£pw)………………………………………..

Extra Info: ……………………………………………………………………………………………………………………………………………

Other (please state) …………………………………………………………………………………………………………………………….

**Please supply as much information as possible on other relevant experience**

* 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 or local government, etc) Yes/No

If YES please give details: …………………………………………………………………………………………………………………….

* Are you subject to any restraints which may affect your current or future employment? Yes/No

 If YES please give details: ……………………………………………………………………………………………………………………

* Have you ever worked for Fastsource before or being on any site where Fastsource has been involved? 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 at Fastsource Limited, how much notice must you give your current employer?

(DAYS) …………………………………………………………………………………………………………………………………………………

* 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 **TWO** referees, BOTH must be previous employers, one **MUST** be your **CURRENT EMPLOYER**. (Please note that your current employer **WILL NOT** under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with Fastsource Limited).

**Referee ONE**

Title: Mr/Mrs/Miss/Ms/Dr Name: …………………………………………………………………….

Position: …………………………………………………. Company: ……………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………..

Tel: …………………………………………………………... Fax: ………………………………………………………………………..

Email: ………………………………………………………………………………………………………………………………………………….

Position Held: …………………………………………… Dates Held: ……………………………………………………………..

**Referee TWO (your current employer)**

 Title: Mr/Mrs/Miss/Ms/Dr Name: ……………………………………………………………………..

Position: ………………………………………………… Company: ……………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………

Tel: ………………………………………………………… Fax: …………………………………………………………………………

Email: …………………………………………………………………………………………………………………………………………………

Position Held: ………………………………………… Dates Held: ……………………………………………………………..

***Equal Opportunities Monitoring Form***

 It is the policy of Fastsource Ltd to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and development and not to discriminate against any person because of race, colour, national origin, gender, age, marital status or disability. We are committed to the operation of employment procedures and conditions which provide for equal opportunities. We operate a policy the aim of which is to ensure that unfair discrimination does not take place in recruitment and employment. In order to help us monitor the effectiveness of this policy (and for no other reason) you are asked to provide the information requested below. The information is **CONFIDENTIAL** and does not form part of your application. This data will be stored separately from your application and will not be linked in any way. The information will not be taken into account when making an appointment.

**Marital Status:**

Single Married Divorced Widowed Co-habiting Civil Partnership Domestic Partnership

**Gender:** Male Female

**Age**: 16-20 years 21-25 years 26-30 years 31-35 years 36-40 years 41-45 years 46-50 years 51-55 years 56-60 years 61 and over

* Do you have a disability? Yes/No
* Where did you hear of this vacancy? ………………………………………………………………………………………………….
* Nationality: ……………………………………………………..

**To which group do you consider you belong?**

White/Black Caribbean/Black African/Indian/Black Pakistani/Bangladeshi/Chinese

Other (please specify)……………………………………………………………………………………………………………

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

**Please preview your application before submitting it to us. Optionally you can attach your CV:**

***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 Fastsource Ltd. The information you supply in this form will be treated in the strictest confidence.

Print Name (BLOCK) …………………………………………………………. Date: ……………………………………………..

Signature: ………………………………………………………………………….