

Position applied for:

Surname _____
 First Name _____
 Preferred Name _____
 Maiden Name _____
 Sex (please tick) M F
 Address _____

 _____ Postcode _____

Email address _____
 Daytime telephone number _____
 Evening telephone number _____
 Mobile telephone number _____
 to help us process your application quickly, please tell us your national insurance number:

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Do you require a work permit? Y N
Hours & Days you can work
 Please indicate the maximum number of hours you can work each week _____
 How would you travel to work? _____

Further Education

Name of Establishment	Subjects studied	Qualification	Date obtained

Your Work Experience

Dates from	to	Full company name and address	Job title	Reason for leaving

Vehicle Licences

Please tick the appropriate box if you are a current holder of any of the following vehicle licences

Fork lift truck / counter balance licence

Reach truck licence

Any points

Licence LGV class I C & E (formerly CI I)

Car

no. of points _____

date received __ / __ / ____

Your Health

Have you:

If yes to any of these questions, please give details

1. Had any major illnesses/operations in the past 5 years?

2. Suffered from any skin complaint?

3. Any medical condition which requires medication?

Disability

Do you have, or have you had a disability? Y N

If yes, please give details

Your Ethnic Origin

CLF Distribution is committed to equal opportunities. Selection or promotion is based on the applicants' suitability for the job. To help us monitor this please indicate your ethnic origin:

African

Caribbean

Other European

Asian

UK or Irish

Other (please specify)

Your Referees

Please indicate two referees who might be able to tell us more about you. One of these should ideally be your most recent employer or head teacher/tutor. The other should be someone who knows you but is not a friend or relative.

Name: _____

Address: _____

Name: _____

Address: _____

Have you:

1. Been convicted of a criminal offence? Y N

2. Any prosecutions pending? Y N

If yes to either question, please give details:

Marital status _____

Was your application prompted by a friend or relative who works for CLF Distribution? Friend Relative

Please indicate which and give name _____

Have you previously worked for CLF Distribution? Y N

Thankyou for completing this form - we wish you well with your application. Before signing it, please be sure to read through carefully what you have written and that you have filled in all the sections. Your signature will be taken as:

1.) Acknowledgement that all the information you have provided is complete, correct and not misleading.

2.) Your understanding that any offer of employment is subject to receipt of satisfactory references and your permission for us to approach your referees and previous employer to obtain references.

3.) Confirmation that you agree that your personal details can be held, and processed, by CLF Distribution in accordance with the Data Protection Act 1998.

signed:

date: