



ADMINISTRATION

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JAYS LOGISTICS Application Form

PERSONAL DETAILS

SURNAME:	FIRST NAME(S):
TELEPHONE NUMBER:	MOBILE NUMBER:
NATIONAL INSURANCE NUMBER:	DATE OF BIRTH:
MARITAL STATUS:	
Employee's Address:	ADDRESS:
NEXT OF KIN DETAILS:	NAME: RELATIONSHIP: ADDRESS: CONTACT NUMBERS: (LANDLINE): (MOBILE):



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LICENCE DETAILS

PLEASE PROVIDE YOUR DRIVING LICENCE, DIGI CARD & DCPC CARD TO ENABLE COPIES TO BE HELD IN YOUR PERSONNEL FILE.

CLASS & TYPE OF LGV HELD:	DATE OF LAST MEDICAL:
DRIVING LICENCE NUMBER:	EXPIRY DATE:
DIGITAL TACHO CARD NUMBER:	EXPIRY DATE:
DQC (DRIVER CPC):	EXPIRY DATE:

HEALTH RECORD

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING? PLEASE TICK THE BOXES AS APPROPRIATE. IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET	YES	NO
EPILEPSY		
DIABETES		
HEART PROBLEMS		
BACK PROBLEMS		
FAINTING OR BLACKOUTS		
DO YOU WEAR SPECTACLES – DATE OF LAST TEST _____		
DO YOU HAVE HEARING PROBLEMS		
ARE YOU CURRENTLY TAKING ANY MEDICATION		
DO YOU HAVE ANY MOBILITY PROBLEMS		
ARE YOU SUFFERING FROM ANY MEDICAL PROBLEM WHICH COULD AFFECT YOUR ABILITY TO DRIVE SAFELY		
YOU MAY BE REQUESTED TO ATTEND A PRE-EMPLOYMENT BASE-LINE MEDICAL EXAMINATION BY AN OCCUPATIONAL HEALTH REPRESENTATIVE. (This would be at the Company's expense).		
PLEASE TICK BOX TO ACCEPT THIS REQUEST		



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PAYROLL DETAILS

BANK NAME:	
ACCOUNT NAME:	
ACCOUNT NUMBER:	
SORT CODE:	
COMMUNICATION E-MAIL ADDRESS:	CHOSEN PASSWORD FOR E-PAYSLIPS:
Office use only:	
COMPANY:	
DATE EMPLOYMENT COMMENCED:	

I (FULL NAME)

CONFIRM TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION I HAVE GIVEN IS TRUTHFUL, AND THAT IF FOUND TO BE FALSE, MY EMPLOYMENT MAY BE TERMINATED.

SIGNATURE:

DATE:

**Your Contract of Employment will be issued on commencement of employment.
Please read thoroughly and return the necessary documents by the date displayed.**

The information you supply on this form will be used by R T Keedwell (Holdings) Ltd group of companies in accordance with the Data Protection Act 1998 and other applicable legislation. The company will only use the information to process your application and to provide any relevant further information by post, email or text. From time to time, the company needs to communicate with employees by email, e.g. office memos and company updates. We have requested your personal email address for the issue of payslips. Under Data Protection legislation, we require your consent to use this email address for other purpose,s please tick the box to confirm that you consent