

L.G.V. Technician

EMPLOYMENT APPLICATION FORM

Please return completed form to:

Personnel Dept, ECM (Vehicle Delivery Service) Ltd, The Airport, Carlisle, CA6 4NW
or email to: ecmpersonnel@ecmvds.co.uk

1. Name: _____
2. Current Address: _____

3. Tel. No (Home): _____ Mobile No. _____
4. Email address (if applicable): _____
5. Do you own a car to get you to work and back? YES/NO
6. If no, how would you propose to travel to and from work? _____
7. Do you hold a current driving licence? YES/NO
8. Current Driver's Licence Number:

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9. If yes, which classes of vehicles are you licensed to drive? _____

10. Have you any endorsements on your driving licence? YES/NO
 If yes, please give details _____

CURRENT EMPLOYMENT

(If unemployed please refer to question 17)

11. Name and Address of Employer: _____

12. Nature of Employment: (please give a detailed description of what your current work involves)

13. How long have you been employed in your current job? _____
14. Please explain, in detail, why you wish to leave your current employment and what improvement and rewards you expect to gain from a job change.

15. What is your present gross weekly pay? _____

16. If unemployed, how long have you been unemployed? _____
17. If unemployed, what were your gross weekly earnings in your last job? _____
18. What are your current hours of work, or if unemployed what hours did you work in your previous employment?
Monday to Friday

Saturday

Sunday

19. Please give details of your previous employment throughout the last 10 years stating employers name and address, dates of employment and nature of employment e.g. main duties and responsibilities.
1. From (date) to (date)
 Name and Address of Employer:

 Nature of Employment:
 Reason for leaving
-
2. From (date) to (date)
 Name and Address of Employer:

 Nature of Employment:
 Reason for leaving
-
3. From (date) to (date)
 Name and Address of Employer:

 Nature of Employment:
 Reason for leaving
20. Are you prepared to work shifts? YES/NO
 If no, please give details _____
21. Are you prepared to work on alternate weekends as part of a shift system? YES/NO
 If no, please give details _____
22. Are there any social or domestic commitments or any other reasons which would prevent you at any time from working overtime as required? YES/NO
 If yes, please give reasons: _____

23. If successful with your application how much notice are you required to give to your present employer?

24. Please list any academic qualifications, including grades achieved at school, or as a result of further education:-

25. Have you been trained in a mechanical apprenticeship? YES/NO
If yes, please list any technical qualifications resulting training, courses, etc.:-

26. Do you have an up to date Fork Lift Truck Licence? YES/NO

27. Please attach copies of any references, or list below names and telephone numbers of any referees (preferably work-related).

_____	_____
_____	_____
_____	_____
_____	_____

28. Have you any Special Needs in order for you to perform the job? YES/NO
If yes, please give details _____

29. Have you consulted a doctor, at any time, in the past 5 years? YES/NO
If yes, what were the reasons? _____

30. How many days absence from work, other than for holidays, have you had in the past 2 years?

Out of these, how many days were due to sickness? _____

31. Do you now, or have you ever, suffered from any form of back injury? YES/NO

32. Have you ever injured yourself at work? YES/NO

If yes, please give details _____

33. Have you ever been convicted by a court of law for any criminal offence? YES/NO
If yes, please give details _____

34. Have you any objections to or is there any medical reason as to why you would not be able to wear a uniform whilst carrying out your duties as a mechanic? YES/NO

If yes, please give details _____

35. Do you have any holidays booked which cannot be cancelled, or changed? YES/NO
If yes, please give details _____

36. Have you ever been disciplined by a previous employer? YES/NO
If yes, please give details _____

37. Please list any hobbies, pastimes, or sports which you currently hold an interest in.

38. Have you ever been dismissed from a job? YES/NO
If yes, please give details _____

39. Do you know any member of staff currently working for E.C.M.? YES/NO
If yes, who? _____

THANK YOU FOR FILLING OUT THIS FORM – PLEASE RETURN THE COMPLETED FORM TO:

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or email it to: ecmpersonnel@ecmvds.co.uk**

All Applicants Please Note:

To enable us to process your application form your personal details will be retained by our Personnel Department, which may include your personal details being stored on our IT System(s). These details will only be used in the assistance of processing your application and will not be used for any other reason. Our Privacy Standard may be viewed at www.ecmvds.co.uk

Equality Act 2010 - This act protects people from unlawful discrimination. We positively encourage applications from those who have the necessary skills and experience for the post applied for.

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

I certify that the information I have given on this Employment Application Form is accurate. I understand that if the information is subsequently found to be false, my application may be rejected, or in the case of my appointment, I may be dismissed.

SIGNED: _____ DATED: _____