



PLEASE COMPLETE IN BLOCK CAPITALS USING **BLACK INK**

POST APPLIED FOR :

WHERE DID YOU SEE THIS POSITION ADVERTISED? _____

TITLE (Mr, Mrs, Miss, Ms, Other, please state) _____ LAST NAME _____

FIRST NAMES _____ KNOWN AS _____

ADDRESS _____

_____ POST CODE _____

HOME TEL NO _____ MOBILE NO _____

EMAIL ADDRESS _____

NATIONAL INSURANCE NUMBER _____

DO YOU CONSIDER YOURSELF TO BE DISABLED? YES / NO

If yes, what adjustments could we make to enable you to attend an interview should you be selected?

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS COMPANY? YES/NO

If yes, please give details and reason for leaving _____

DURING THE LAST YEAR HAVE YOU BEEN ABSENT FROM YOUR EMPLOYMENT FOR ANY REASON, OTHER THAN ANNUAL LEAVE, FOR A PERIOD OF MORE THAN SEVEN DAYS YES/NO

If yes, please give details and state amount of days taken _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE, OR IS THERE A POLICE CONVICTION PENDING? YES/NO

If yes, please give dates and details _____

(Should the Company become aware of any undisclosed offences that are not classified as "spent" under the Rehabilitation of Offenders Act 1997 may result in dismissal.)



DRIVING INFORMATION

I DO NOT POSSESS A DRIVING LICENCE

Driver Licence No _____ Group/categories _____

Valid from _____ Valid to _____

Date driving test passed _____

How regularly do you drive: Every day Once a week Occasional

Additional Qualifications/Experience

Have you had any experience or do you hold any qualifications in any of the areas listed below, if yes, please give brief details:

Commercial Vehicle Types _____

Fork Lift Truck _____

Power take off _____

Tipper truck operation _____

Lorry mounted crane _____

Tail Lifts _____

Hazardous chemicals _____

Other – specify _____

Endorsements/Convictions, Including Suspensions

Date	Offence	Endorsement code	Fine/Penalty points (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Give Details of Any Traffic Accidents During the Last Five Years

Date	Brief description of accident
_____	_____
_____	_____
_____	_____

Driving Experience

Have you taken any form of advanced/defensive driving training? Yes/No

If Yes, give details _____



Medical

- 1. Are you in good health Yes/No
- 2. Is your vision impaired Yes/No
- 3. Is your hearing impaired Yes/No
- 4. Have you ever received treatment for:
 - Diabetes Yes/No
 - Epilepsy Yes/No

If you have answered 'Yes' to having or having had either diabetes or epilepsy, please give details of how your condition is controlled

- 5. Do you suffer from any other illness/disability which could affect your driving ability? Yes/No - If Yes, give details

- 6. Do you have a medical condition that is reportable to the DVLA? Yes/No - If Yes, give details

- 7. Do you regularly take medication that could affect your driving ability? Yes/No - If Yes, give details

- 8. If required, are you willing to take a medical examination by a doctor nominated by the Company? Yes/No

DECLARATION:

I, THE UNDERSIGNED, DECLARE THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TOTALLY ACCURATE AND TRUTHFUL. I UNDERSTAND THAT SHOULD I BE OFFERED A POSITION ON THE BASIS OF THE INFORMATION I HAVE PROVIDED, AND THAT AT SOME LATER DATE THIS INFORMATION IS PROVED TO BE INCORRECT, I UNDERSTAND THAT THE COMPANY MAY TERMINATE MY EMPLOYMENT IRRESPECTIVE OF MY LENGTH OF SERVICE. I CONSENT TO THE USE OF THIS INFORMATION DURING THE RECRUITMENT PROCESS.

SIGNED _____ DATE _____

Please return your application to:
Group Personnel Department,
Beaufort Road, Plasmarl Industrial Estate, Morriston, Swansea SA6 8HR

Should you wish to be notified via email of all vacancies within our Group of Companies, please provide your email address below. Your information can be removed at any time from our mailing list at any time upon request. CEM Day Ltd and its associated companies are committed to ensuring compliance with the Data Protection Act 1998.

Email address:



Monitoring Form

The completion of this form is voluntary but we appreciate it when candidates take the time and trouble to do so because the information it contains helps us to monitor and improve our equal opportunities policies and procedures.

Name:..... **Post applied for:**

Are you a current employee of the CEM Day Ltd Group of Companies **Yes/No**

Sex: Male/Female (Delete as appropriate)

Date of birth:

Nationality:

Marital Status: Single / Married / Divorced / Separated / Widowed / Co-Habiting

Ethnic origin: please tick category below as applicable:

1. White - European
2. White – American
3. White - Australia/New Zealand
4. White – African
5. White - Other
6. Black – African
7. Black – Caribbean
8. Black – American
9. Black – Other
10. Asian – Indian
11. Asian – Pakistani
12. Asian – Bangladeshi
13. Asian – Chinese
14. Asian – Other
15. Other - Please specify

Religion: Please tick category below as applicable:

1. Catholic
2. Christian
3. Buddhist
4. Hindu
5. Islamic
6. Jewish
7. Other – Please specify

Disabilities: Do you consider yourself to have any disabilities? Yes/No

I understand that this information may be stored and processed as part of the CEM Day Ltd Group of Companies monitoring of equal opportunities and as part of the recruitment procedure and I agree to this use of the data.

Signature:

Date: