

# Application Form



THE PALLET NETWORK

ANGLIA

## Personal Details

<b>Surname</b>	<b>Forename(s)</b>
<b>Full Postal Address Including Postcode</b>	
<b>Date of Birth</b>	<b>Marital Status</b>
<b>Home Telephone Number</b>	<b>Mobile Telephone Number</b>
<b>Email Address</b>	

## Driving Licence information

<b>Driving Licence Number</b>		
<b>Date Driving Test Passed</b>	<b>Valid From</b>	<b>Valid To</b>
<b>Date LGV Test Passed</b>	<b>Valid From</b>	<b>Valid To</b>
<b>LGV Licence Class</b>		<b>Medical Due</b>

## Endorsements / Convictions Including Suspensions

<b>Date</b>	<b>Offence</b>	<b>Endorsement Code</b>	<b>Fine / Penalty / Points</b>

## Give Details of Traffic Accidents / Incidents In The Last 5 Years

<b>Date</b>	<b>Brief Description of Accident / Incident</b>

## Education

<b>From / To</b>	<b>School / College</b>	<b>Exams Passed</b>	<b>Grade</b>

**Medical History – Please answer ‘YES’ or ‘NO’ to the below:**

Are you in good general health?	
Is your vision impaired?	
Is your hearing impaired?	
Have you ever received treatment for Diabetes?	
Have you ever received treatment for Epilepsy?	
Do you suffer from any other illness or disability which could affect your driving? If yes, please give full details:-	
Are you willing to take a medical examination by a company doctor?	

**Criminal Record Declaration**

I declare that I have no criminal convictions other than those disclosed below:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Please give details &amp; dates of any convictions, together with penalties imposed:</b>

**Additional Information**

Qualifications / Experience	YES/NO	Type
Fork Lift Truck Licence		
CPC qualification & expiry date		
ADR / Hazpack		
First Aid Certificate		
<b>Others – Please Provide Details Below:</b>		

**Declaration**

I certify that the information contained in this application form is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorise the verification of any or all information listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Driving Licence Copied & Checked By	
Driving Experience & References Checked By	
Driving Assessment Carried Out By	
Result of Driving Assessment	PASS / FAIL
Copies of Other Relevant Documents Taken By:	
Start Date:	