

# *Rollinson Safeway Ltd*

## Employment Application Form

**Position Applied For:** \_\_\_\_\_

**The following information will be treated in the strictest confidence.**

**Personal**

(Please print responses to all sections of this form clearly)

Surname:	First Name(s):	Title:
Address:		

Private Tel. No:	Business Tel. No:	Mobile:
Date of Birth:	Marital Status:	Nat Insurance No:
Next of Kin:	Tel.:	Mobile:
Address:		

Do you have a Bank Account? YES/NO	Sort Code:	:	:	Account No:
Name of Account Holder:				
Full Driving Licence: YES/NO	Licence No:	Do you hold a UK passport? YES/NO Passport Number:		

Endorsements:	YES/NO	If YES, list date(s) and endorsement code(s) below		
Date	Code	Date	Code	
Are you involved in any activity which might limit your working hours or availability to work e.g. local government?				YES/NO
If YES, please give full details:				
Are you subject to any restrictions or covenants which might restrict your working activities?				YES/NO
If YES, please give full details:				
Are you willing to work overtime and weekends if required?				YES/NO
Please give details of any hours which you would not wish to work::				
<b>Have you any convictions that we should be aware of (including spent convictions under the Rehabilitation of Offenders Act 1974)?</b>				YES/NO
<b>If YES, please give full details:</b>				
You are required as part of your Application to complete the attached Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment if required?				YES/NO
Have you ever worked for this business before?				YES/NO
Are you related to any person employed by this business?				YES/NO
If YES, please give full details:				
Have you applied for employment with this business before?	YES/NO	If so approximate date		
Do you need a work permit to take up employment in the UK?				YES/NO
How much notice are you required to give to your current employer?				

**FOR OFFICE USE ONLY**

Rate of Pay £	Per Hour	P45 Yes/No	P46 Yes/No	CRB Payment: Full	Part	Balance
Entered on System by:			Assessed by:		CRB No	

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### Education

Schools attended since age 11	From	To	Examinations and Results
College or University	From	To	Courses and Results
Further Formal Training	From	To	Diploma/Qualification
Job related Training Courses Name of Organisation	Date	Subject	

### Employment Details

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main Duties	Reason for Leaving

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### Present or Last Employer

Are you currently employed? YES/NO

Name of present or last employer:	
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Address:	

Telephone No:	
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Nature of business:	
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Job title and a brief description of your duties:	

Length of Service:	From:	To:
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### Interests, Achievements, Leisure Activities (e.g. hobbies, sports, club memberships)


### Supplementary Information

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.


### Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

Signature:	Date:
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### References

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Tel. No.:	Tel. No.:

### Source of Application

How did you hear of this vacancy?

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Please Attach Curriculum Vitae, References and Licences as Applicable

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If you have answered YES to any of the questions overleaf, please give full details below.

When was the last time you consulted your doctor?	Date:
Reason:	
Are you currently taking any medication or do you anticipate doing so in the near future?	YES/NO
If YES, please give details:	
How much alcohol do you consume in an average week?	
Do you smoke?	YES/NO
If YES, how much do you smoke in an average day?	
Are you disabled?	YES/NO
Please give details of your disability:	
Do you, or have you in the last 10 years, suffered from any medical condition which has not already been mentioned:	YES/NO
If YES, please give details:	
How many days have you been sick in the last 12 months?	
How many days work have you lost due to sickness in the last 12 months?	
Do you expect to require time off work for any medical reason within the next 12 months?	YES/NO
If YES, please give details:	

### ACCESS TO MEDICAL REPORTS

It may be necessary to obtain a report from a doctor who has treated you. We are required to tell you about your statutory rights regarding access to medical reports, which are set out briefly below. You may:

- (a) Refuse to allow us to obtain a report,
- (b) Ask to see a report before it is sent to us, or, for a charge, obtain a copy from the doctor within six months of it being sent to us,
- (c) Ask for a report you have seen to be altered by the doctor before it is sent to us, or, if the doctor is unwilling to do this, you may add statement of your own.

Please note that the doctor does not have to let you see a report if he believes you or others might be harmed by it.

### DECLARATION

I confirm that I have read about my rights under the Access to Medical Reports Act and I authorise/\*do not authorise my doctor to provide a medical report. I wish/\*do not wish to see any medical report before it is supplied. (\*delete as appropriate)

I declare that all the information I have given in this form is true and that I have not withheld any material fact.

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## Company policy

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Due to the nature of the work we do it is, from time to time, necessary to collect money from clients.

Should you misappropriate any money that you collect it can and will be deducted from your salary.

Whilst in possession of our vehicle it is your responsibility to ensure the safe keeping of that vehicle.

Should you damage any vehicle through neglect or misuse then you will be required to pay for the repair which can and will be deducted from your salary.

Mobile phones are provided to employees on the understanding that each employee is responsible for its safe keeping and should the phone be lost, stolen or misused then the cost of which can and will be deducted from your salary.

Personal calls can be made from the company mobile and the cost will be charged to you and deducted from your salary.

**Any cost's incurred by the company through your neglect can and will be recovered by the company**

**\*should you be employed by our company, it will be your responsibility to get to and from work, we DO NOT provide transport for this\***

### Additional notes and information:

**As a company that transports members of the public on a daily basis we have to comply and surrender a CRB (Criminal records Bureau) form on your behalf.**

**The form will disclose details of your past Criminal Record (if any) which will assist us to decide your suitability to the position you have applied for.**

**On return of the CRB, the CRB is only viewed by key personal to ascertain that you are able to work within our company and once the CRB has been viewed it is stored in a safe, locked location and not available for any unauthorized person to access.**

Sign here ..... Print name.....Date / /20

**\*Note only sign if you agree to the above.**

### Employee's personal details

Last name or family name

First name(s)

Are you male or female?       Male       Female

Date of birth *eg dd mm yyyy*     

#### Home address

Address line 1

Address line 2

Address line 3

Address line 4

Postcode  
(if your address is in the UK)

National Insurance number     

Employment start date  
*eg dd mm yyyy*     

### Employee statement

You need to select only **one** of the following statements **A, B or C.**

- A** - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.
- B** - This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
- C** - As well as my new job, I have another job or receive a State or Occupational Pension.

I have a Student Loan which is not fully repaid and I left a course of UK higher education before last 6 April and I received my first Student Loan instalment on or after 1 September 1998.       No       Yes

Select 'No' if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly payments.

Please print your name or sign here after you have printed the form.

Full name

Date *eg dd mm yyyy*