

PRIVATE & CONFIDENTIAL

Ref. No _____

Return this form to

TWT Logistics
 Riverbank House
 Duffryn Business Park
 Ystrad Mynach
 Mid Glamorgan
 South Wales
 CF82 7RJ

Position applied for _____

Surname	Forename(s)	Title
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Address

Date of Birth	Telephone
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Current Driving Licence? Y / N Groups Expiry Date	Details of Endorsements
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Criminal Record - please note any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. If none, please state

EDUCATION HISTORY

Schools	Qualification Gained
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Colleges / Universities	Qualification Gained
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Details of other training



EMPLOYMENT APPLICATION FORM

EMPLOYMENT HISTORY

From - To	Employer Name & Address	Job Title & Duties	Start / Finish Salary	Reasons for Leaving

Notice required in current post

OTHER EMPLOYMENT

Please detail any other employment you would continue with if you were to be successful in obtaining this position

LEISURE

Details of your hobbies, sports and other pastimes etc.

REFERENCES

Please provide the names and addresses of two persons from whom we may obtain both character and professional references

1.

2.

GENERAL COMMENTS / ADDITIONAL INFORMATION

Please detail your reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

Are yo disabled: YES / NO If yes, please give details and specify any special needs in relation to your disability

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you suffer or have suffered

Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving

Please list all absences from work in the past 12 months and the reasons for such absences.

DECLARATION

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination.
(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor).

Signed _____ Date _____

OFFICE USE

First interview date and notes:

Second interview date and notes

Offer letter Y / N

Rejection letter Y / N

Acceptance Y / N

References Y / N

Medical Y / N

Pass to Admin

Dead File / New File