APPLICATION FOR EMPLOYMENT

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PRIVATE AND CONFIDENTIAL					
Return this form to: Sun Traffic Ltd, Sun Towers, Ref. No:					
Cary Court, Somerton, Somerset,					
TA11 6SB.					
POSITION APPLIED FOR					
POSITION APPLIED FOR					
Surname		Forename(s)	Title		
Surname		1 or ename(3)	Title		
Address					
		Postcode			
Date of birth	Telephone				
	number				
	Email:				
NI No. LLLLLLLL	No. LILILILI Enan:				
Current driving licence? Yes/No					
Groups: Expiry Date:	Groups: Expiry Date: endorsements				
Are there any restrictions on you taking up employment in the UK? Yes \Box No \Box (If yes, please provide details)					
EDUCATION HISTORY					
Schools	Qua	lifications gained			
Colleges/Universities Overliftentian asing t					
Colleges/Universities Qualifications gained					
Other training					
Other training					

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)						
FROM - TO NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING			
O. 2 2012.x						
Notice required in current post:						

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

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HEALTH DETAILS ©Sun Traffic Ltd copyright 2015

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes \Box No \Box			
Please specify any special arrangements for work associated with any impairment.			
Please specify any special arrangements you will need to attend an interview.			
Please be aware that this role/position will $\frac{\text{regularly/daily}}{\text{require}}$ require you to use correct manual handling techniques to lift, move and manoeuvre various traffic equipment on a regular basis. Would you need any special arrangements to be able to carry this out? Yes \square No \square			
Do you have any Aliments/injuries that may impede this? Yes $\ \square$ No $\ \square$			
Please list any diseases, disorders, allergies, muscular or muscularskeletal injuries from which you have suffered or do suffer.			
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 (Please read this carefully before signing this application)			
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). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.			
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottisl Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.			
Signed:			
Please sign, date & return to Sun Traffic Ltd			