

# HB COMMERCIAL Ltd

## commercial vehicle service and parts

Please complete in **BLOCK CAPITALS** and answer all questions as fully as possible. Tick boxes where appropriate. All information will be treated in confidence.

What position are you applying for:		
<b>Personal Details</b>		
Title:	Surname:	
First Name(s):		
Address:		
Postcode:		
Email Address:		
Date of Birth:		
Home Tel:	Mobile:	
Do you require authorised documentation to work in the UK?	Yes	No
If yes, please state the documents and the requirements:		
Have you ever been convicted of any criminal offences, which are not yet 'spent' under the Rehabilitation Act 1974?	Yes	No
If yes, please give details:		
Do you have a full UK driving licence?	Yes	No
Do you have your own transport?	Yes	No
Do you hold any driving licences or permits other than a motorcar licence?	Yes	No
If yes, please give details:		
Do you have any licence endorsements?	Yes	No
If yes, please give details		
<b>Health</b>		
How many days have you been absent from work due to illness in the last two years?		
Under the terms of the Act a 'disability' is defined as a 'physical or mental impairment, which has a		

substantial and long-term effect on a person's ability to carry out normal day-to-day activities'.		
Do you have a disability?	Yes	No
I do not wish to disclose this information		
Do you require us to make special arrangements to enable you to attend an interview?	Yes	No
Please include date(s) of illness / conditions, frequency, duration, what treatment was given and by whom (e.g. hospital / GP), whether you are still undergoing treatment and length of absence from work / school (if appropriate). Continue on separate sheet if required.		
Are you currently taking any form of medication? If yes, please state what and dosage:		
<b>Education</b>		
Secondary Schools Attended	Qualifications gained	Subjects
Further Education	Qualifications gained	Subjects

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**Current Employment**

Name and full address of employer:	Nature of business:
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Current position held:

Total annual earnings (including expenses/overtime):

Other benefits

Responsibilities:

Reason(s) for wishing to leave:

**Employment History**

Name and full address of employer:	Dates:	Appointment, job title, reporting to, duties and achievements:	Reason for leaving:	Final salary and benefits:

Please give names and addresses of two referees.

<b>Current/Most Recent Employer</b>	<b>Previous Employer</b>
Name and address:	Name and address:
Postcode:	Postcode:
Tel no:	Tel no:
Occupation:	Occupation:

**Declaration**

I declare that the information contained in the form is true and complete. I understand that any false or misleading information given by me in this application form, or during an interview or medical examination, may result in my dismissal without notice, if I am appointed. I consent to the information I have given this application form and in all other enclosed documentation being held,

used and updated under the security safeguards of the Data Protection Act 1998.

Signed

Date

I understand that giving false information or omitting relevant information could disqualify my application or if appointed, could lead to my dismissal. The information I have provided is accurate and I have not withheld any details.

I will notify you immediately if any of my answers change on my completed form.

I consent to this data being held by an Occupational Health Unit on a computer or manual filing system, in accordance with the confidentiality requirements of the Data Protection Act 1998.

..... Applicant