

# S & S DISTRIBUTION

400 Vale Road, Tonbridge, Kent, TN9 1SW

Telephone 01732 358800 Fax 01732 770772

## APPLICATION FOR EMPLOYMENT

PLEASE USE BLOCK LETTERS

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### POSITION APPLIED FOR:

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Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone no \_\_\_\_\_

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### DRIVING QUALIFICATIONS

(to be completed if applying for a driving position only)

Driving Licence No \_\_\_\_\_ Groups Covered \_\_\_\_\_

Expiry Date \_\_\_\_\_ Issued By \_\_\_\_\_

Endorsements \_\_\_\_\_

If you hold a current HGV or PSV licence, please state the following:

Licence No \_\_\_\_\_ Class \_\_\_\_\_ Expiry Date \_\_\_\_\_

Issued By \_\_\_\_\_ Date issued \_\_\_\_\_

If you have received instruction in driving commercial vehicles from a qualified instructor, please give details:

Name of Training Body \_\_\_\_\_ Place of Training \_\_\_\_\_

Types of vehicles trained on \_\_\_\_\_ Length of Training \_\_\_\_\_

Details of any driving convictions \_\_\_\_\_

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### EDUCATION AND TRAINING

Name of senior school(s) attended and results of examinations (if any)

Dates \_\_\_\_\_ School(s) \_\_\_\_\_ Examinations \_\_\_\_\_

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Details of any further / higher education and results of examinations (if any):

Dates                      College / Training School                      Examinations

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**Other Training and Qualifications**

Details of any other training or qualifications which you feel may be appropriate to this application

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**HEALTH**

Height (approx)        \_\_\_\_\_                      Weight (approx)        \_\_\_\_\_

State of general health        \_\_\_\_\_

Have you received treatment for any of the following:

Diabetes, epilepsy, any other form of blackout (please state)        \_\_\_\_\_

Would you agree to an examination by a qualified medical practitioner?        YES / NO

Do you have any eyesight disorder?        YES / NO

If yes please give details        \_\_\_\_\_

Do you wear glasses?        YES / NO        If yes give date of last sight test        \_\_\_\_\_

Do you suffer from any disability / illness that could affect you in employment?        YES / NO

If yes please give details        \_\_\_\_\_

Are you a Registered Disabled Person?        YES / NO        If yes please state registration number        \_\_\_\_\_

**EMPLOYMENT HISTORY**

Details of employment over the past five years giving most recent (or current) first

Dates	Name & Address of Employer	Job held	Average weekly earnings	Reasons for Leaving
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