

Vehicle Fitters Application Form



Section 1 – Applicants Personal Details

Forename(s)		Surname	
Home Address			
Date of Birth <i>(optional)</i>		Nationality	
Home Tel No.		Mobile Tel No.	
Marital Status		Number of Dependants	

Section 2 – Previous Employment History

Please provide details of your previous 3 employments

Employer Name			
Period of Employment	From:		To:
Reason for Leaving			
Position Held			
Experience gained			
Name of Referee			
Referee's telephone no.			
Employer Name			
Period of Employment	From:		To:
Reason for Leaving			
Position Held			
Experience gained			
Name of Referee			
Referee's telephone no.			
Employee Name			
Period of Employment	From:		To:
Reason for Leaving			
Position Held			
Experience gained			
Name of Referee			
Referee's telephone no.			

IF YOU DO NOT WANT US TO CONTACT ANY OF THE ABOVE REFEREES UNTIL YOU ARE OFFERED A POSITION THEN PLEASE INDICATE THIS ABOVE.

Section 3 – Relevant Qualifications

Please note any relevant qualifications such as First Aid Cert, CPC, Road Safety Course etc.

Course Name / Award		
Dates of Study	From:	To:
Place of Study		
Course Name / Award		
Dates of Study	From:	To:
Place of Study		

Section 4 – Other Information

Driving Licence No.		LGV Expiry Date	
Details of any endorsements			
Details of any Criminal convictions (<i>Declaration subject to the rehabilitation of Offenders act 1974</i>)			
When are you available to start with ART?			

Section 5 – Medical Questionnaire

The information in this section will be kept private & confidential and will be used to protect the health of yourself and others. Any points of uncertainty can be discussed at your interview.

	Please Circle
Any circulatory problems such as varicose veins, phlebitis or thrombosis?	Y / N
Any heart problems such as angina, high blood pressure or heart attacks?	Y / N
Any chest problems such as asthma?	Y / N
Diabetes?	Y / N
Epilepsy or fainting attacks?	Y / N
Skin disorders?	Y / N
Recent operation or fractures?	Y / N
Are you currently taking any medications?	Y / N
Back trouble, arthritis, rheumatism?	Y / N
Injury to bones, joints, tendons, including wrist tendons?	Y / N
Any other work related upper limb disorders?	Y / N
Any claims for work related injuries, illness etc in the past?	Y / N
Coughing fits?	Y / N
Have you worked in an industry with high noise levels?	Y / N
Have you or any member of your family had a history of mental disorder?	Y / N
Any other significant health problems?	Y / N

PLEASE SIGN AND DATE BELOW BEFORE RETURNING. UNSIGNED APPLICATIONS CANNOT BE ACCEPTED.

I confirm that the details on this Application Form are true and understand that submission of false information may lead to instant dismissal if employment is offered.

SIGNED: _____ **DATE:** _____

ONCE YOU HAVE COMPLETED THE APPLICATION FORM, PLEASE SEND TO THE ADDRESS BELOW AND PERSONNEL WILL FORWARD A COPY TO THE RELEVANT DEPOT MANAGER ON RECEIPT;

PERSONNEL
 ABBEY ROAD TANKS LIMITED
 2 BRASENOSE ROAD
 BOOTLE
 LIVERPOOL
 L20 8HG

Abbey Road Tanks Limited is an Equal Opportunity Employer and welcomes applications from anybody who feels they have the relevant skills and attitude.