

**References:**

It is our policy to take up references for those short listed (by e-mail wherever possible). Please give the names of two referees who know you well enough to comment on your suitability for the position for which you are applying (one of them should be your present or most recent employer). If you have not been employed before give the name of a responsible person who knows you well but is not a relative.

1st Reference		2nd Reference	
<b>Name</b>	<input type="text"/>	<b>Name</b>	<input type="text"/>
<b>Job Title</b>	<input type="text"/>	<b>Job Title</b>	<input type="text"/>
<b>Organisation</b>	<input type="text"/>	<b>Organisation</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Address</b>	<input type="text"/>
<b>E-Mail Address</b>	<input type="text"/>	<b>E-Mail Address</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>May we contact prior to interview?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>May we contact prior to interview?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**N.B. We will check the validity of any e-mail reference we are given.**

**DECLARATION**

I confirm that, to the best of my knowledge, the information I have given in this application form is both true and correct. I understand that if, at a later date, it is discovered that I have knowingly withheld medical or other material information, disciplinary action may be taken against me, which may result in dismissal.

<b>Signed</b>	<input type="text"/>	<b>Dated</b>	<input type="text"/>
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<b>For Office Use Only:</b>			
<b>Dbase Ref:</b>	<b>Application Date:</b>	<b>App &amp; McQ Sent:</b>	<b>Returned:</b>
<b>Ack'd Date</b>	<b>Interview 1 Date:</b>	<b>Interview 2 Date:</b>	
<b>Rejection Letter Sent:</b>		<b>Acceptance Letter Sent:</b>	

**Return To: Fleet Support Group. Gerald Jiggins House – Methuen Park  
Chippenham. Wiltshire. SN14 0GX.**



# Application Form



**Position applied for:**  **Date**  /  /

**Where did you hear about this vacancy?**

**Personal Details**

**Surname**  **First name**

**Preferred name**

**Address**

**Postcode**

**Telephone** **Daytime**  **Evening**

**Mobile**  **Other (specify)**

**E-mail address**  **Marital Status**

**May we contact you by email for the rest of the recruitment process?** Yes  No

**UK Drivers Licence?** Yes  No  **Have you any endorsements?** Yes  No

**Do you have use of a car?** Yes  No

**Educational Qualifications**

**Schools**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Examinations and Results**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Further Education / Training**

<input type="text"/>
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**Fleet Support Group is an equal opportunities employer continued ...**

**Employment History**

**Details of present / last job**

Name of business \_\_\_\_\_

Type of business \_\_\_\_\_

Your position / title \_\_\_\_\_

Your duties \_\_\_\_\_

Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Starting salary £      pa      Leaving salary £      pa

Hours worked      Hrs wk      Holiday      Weeks pa

Reason for leaving \_\_\_\_\_

Other Information \_\_\_\_\_

**Details of previous position**

Name of business \_\_\_\_\_

Type of business \_\_\_\_\_

Your position / title \_\_\_\_\_

Your duties \_\_\_\_\_

Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Starting salary £      pa      Leaving salary £      pa

Hours worked      Hrs wk      Holiday      Weeks pa

Reason for leaving \_\_\_\_\_

Other Information \_\_\_\_\_

**Employment History**

**Details of previous position**

Name of business \_\_\_\_\_

Type of business \_\_\_\_\_

Your position / title \_\_\_\_\_

Your duties \_\_\_\_\_

Date started \_\_\_\_\_ Date finished \_\_\_\_\_

Starting salary £      pa      Leaving salary £      pa

Hours worked      Hrs wk      Holiday      Weeks pa

Reason for leaving \_\_\_\_\_

Other Information \_\_\_\_\_

**Occupational History**

Has your employment ever been terminated on Ill Health grounds?      Yes       No

Approximately how many days sickness absence did you have:-

In the last twelve months?       In the twelve prior to that?

**Medical History**

Use this space to record any condition that you believe would have an effect upon your long term performance of the role for which you are applying.

\_\_\_\_\_

Are you currently taking prescribed medicines?      Yes       No

Do you Smoke?      Yes       No

Are you currently under the care of a Doctor or medical professional?      Yes       No

When did you last consult your doctor, and why?

**Your interests and hobbies**

Use this space to give details of your hobbies and interests. Please give details of any awards, achievements etc.

\_\_\_\_\_