

Acumen Distribution Limited

Unit 4 Redbourne Park
Liliput Road
Brackmills Industrial Estate
Northampton
NN4 7DT



Telephone: +44 (0)1604 748888

Fax: +44 (0)1604 748874

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM IN BLOCK CAPITALS

It is the Company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, disability, national origin, gender, marital status, sexual orientation or age.

Position applied for:

Surname: First Name(s):

*Mr/Mrs/Miss/Ms

Preferred Name:

Address:

.....
..... Post Code

Telephone No.

NI Number

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PAST EMPLOYMENT (please attach your CV if appropriate)

Employer	Dates of Employment		Position Held	Duties	Reason for Leaving
	From	To			

Willing to work: *Days *Shifts *Nights *Rotating Shifts *Delete as appropriate

CONFIDENTIAL MEDICAL QUESTIONNAIRE

The information requested below will enable us to ensure that you are not placed in a situation which might affect your health/safety or that of your colleagues. It will also enable us to respond effectively in the case of accidents/injury.

A. Have you ever:	NO	YES	Give details
Had an operation?			
Been seriously injured?			
Been refused or dismissed from employment for health reasons?			
Been registered disabled?			
Been made ill by your work?			
Been refused insurance or a driving licence on health grounds?			

B. Do you, or have you ever, suffered from:					
Diabetes	YES/NO	Eczema	YES/NO	Anaemia	YES/NO
Blood Pressure	YES/NO	Asthma	YES/NO	Arthritis	YES/NO
Epilepsy/Fits	YES/NO	Jaundice	YES/NO	Hay Fever	YES/NO
Fainting Spells	YES/NO	Rupture	YES/NO	Rheumatism	YES/NO

C. Do you, or have you ever, had trouble with your:					
Chest	YES/NO	Heart	YES/NO	Eyes	YES/NO
Ears	YES/NO	Back	YES/NO	Nerves	YES/NO
Are you currently taking medicine on a regular basis?			YES/NO	If so, why? _____	
Do you need glasses for reading or using a VDU screen			YES/NO		

D. Blood Group _____	Are you a Blood Donor? YES/NO
Are you a qualified First Aider? YES/NO	Expiry Date: _____

Is there any other medical/health information which you believe may be relevant to employment with ACUMEN DISTRIBUTION Limited? Please give details:

REHABILITATION OF OFFENDERS ACT 1974

1. The above Act allows employers to request details of certain convictions held against individuals. Please complete the box below in respect of any convictions relevant to the following periods. If there are none, please say so.

AT ANY TIME: Have you been sentenced to imprisonment or corrective training for more than 30 months? YES/NO

DURING THE LAST 10 YEARS: Have you been sentenced to imprisonment or corrective training for more than 6 months but less than 30 months? Have you been cashiered or dismissed with disgrace from HM Forces? YES/NO

DURING THE LAST 7 YEARS: Have you been sentenced to imprisonment for 6 months or less? Have you been dismissed from HM Forces? Have you been sentenced to any Borstal Training? YES/NO

DURING THE LAST 5 YEARS: Have you been sentenced to detention whilst in HM Forces. Have you been convicted as a Young Offender and been sentenced to detention of more than 6 months but less than 30 months? Have you received a fine or other sentence (other than imprisonment)? YES/NO

Date of Conviction	Offence(s) for which convicted	Sentence

2. **PENDING CASES:** Do you have any charges currently pending? If so, please give details:

Offence(s)	Probable date of Hearing

DRIVING LICENCES

ORDINARY LICENCE Date Driving Test Passed: _____ Groups: _____

FULL/PROVISIONAL Driver No: _____ Expiry Date: _____

Have you any driving prosecutions pending? YES/NO

HGV LICENCE Class: _____ Expiry Date: _____

Date First Granted: _____ Current Licence No: _____

NEXT OF KIN

DOCTOR'S NAME

ADDRESS: _____

ADDRESS: _____

Telephone No: _____

Telephone No: _____

RELATIONSHIP _____

NAME OF TWO REFEREES

(Previous employers) _____

ADDRESS: _____

ADDRESS: _____

Telephone No: _____

Telephone No: _____

EDUCATION GRADE OR PROFESSIONAL TRAINING

EDUCATION

School:

Dates:

Subject	Level	Date	Pass/Fail	Grade

TRADE TRAINING

Trade:

Apprenticeship Served with:

Dates:

Results:

FURTHER EDUCATION

Establishment: _____

Subjects taken: _____

Dates: _____

Results: _____

PROFESSIONAL EDUCATION

Profession/Subjects studied: _____

University or Company: _____

Dates: _____

Degree of Result: _____

Leisure and Hobby Interests: _____

BANK ACCOUNT DETAILS (TO BE COMPLETED ONLY IF A JOB OFFER IS MADE)

Please pay my wages/salary into my Bank Account. The details are:

Sorting Code

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Bank & Address: _____

Account No: _____

Name in which Account is held: _____

DECLARATION

I declare that all questions have been answered truthfully and I understand that any falsification contained in this Application Form will render me liable for instant dismissal. I acknowledge that an offer of employment with ACUMEN DISTRIBUTION Ltd will be subject to satisfactory references and/or medical reports.

Date: _____

Applicants Signature: _____

TO BE COMPLETED BY THE EMPLOYING MANAGER*

Date application received: _____

Interview held on: _____ by: _____

Driver Assessment by: _____ (DRIVERS ONLY)

Job: _____ Perm/Temp: _____

Depot/Department: _____ Starting Date: _____

Starting Rate: _____ Shift: _____

Reporting to: _____ Probation period: _____

Other Comments: _____

***ENSURE THAT BANK DETAILS PAGE IS NOW COMPLETED AND ENTIRE FORM SENT TO HR MANAGER**

The following documents should be placed on the personnel file at Northampton:

Copy Driving Licence: _____ Induction Form: _____
(Drivers only)

Signed Contract: _____ Training Record: _____

Expression of Wishes: _____

Date: _____ Signed: _____
(Manager/Supervisor)