



Job Application Form

Position Applied For:

Your Personal Details					
Title:		Surname:		First Name:	
Address:				Home Tel:	
				Mobile Tel:	
				Email:	
				D.O.B	
Post Code:				Children's Ages:	

Your Employment History					
Please give details of your employment history and brief duties information.					
Current Employment					
Employer Name:		Job Title:			
Employer Address:		Basic Pay:			
		Usual Take Home:			
		Reason For Leaving:			
		Tel. Number:			
Post Code:		Dates From:		Dates To:	
Notice Required:					
Brief Description of Duties					

Previous Employment

Employers Name and Address	Job Title	Date From	Date To	Reason for Leaving

Your Education and Qualifications

Education / Qualification Details	Grade / Result	School / College / Provider	Date From	Date To

Your Licence Details

Licence Number:		Expiry Date:		
LGV Class:		LGV Expiry Date:		
Total Tears LGV:		Forklift Licence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of Endorsements:				

Driving Work Experience

	Often	Rarely	Never		Often	Rarely	Never
Rigids:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADR:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nights Out:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flat bed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Other Skills: Please specify			
Multi drop:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
RDC Deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
GKN Chop Pallets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Your Medical History

It is important that you provide full and correct information in this section:

Do you require glasses for driving?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you require regular medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, please give details:						
Do you suffer from a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, please give details:						
Have you suffered from any of the following ailments in the past? Problems with Eyes, Circulation, Heart, Skin, Joint, Bones & Tendons. Diabetes, Epilepsy or Fainting Attacks, Back Trouble, Arthritis or Rheumatism.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:						

Supplementary Information

Are you willing to work overtime, nights and weekends if required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you willing to work Nights Out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have pre-existing commitments which may limit working hours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
Do you have pre-existing holidays arranged?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide dates and details:				
Are you related or acquainted to an employee of JJX Logistics?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
Have you ever been convicted of a Criminal Offence which is not 'spent' under the provisions of the Rehabilitations of Offenders Act (1974)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
Please provide details of why you wish to be a part of JJX Logistics Team:				

References

Please provide details of two referees (one must be your current employer). They should know you well enough to comment on your suitability for employment in the role you are applying for. It is our normal policy not to take up references without prior discussion with you.

Name:		Name:	
Job Title:		Job Title:	
Company:		Company:	
Address		Address	
Post Code:		Post Code:	
Telephone:		Telephone:	
Email:		Email:	
Relationship to you:		Relationship to you:	