TIME CRITICAL SOLUTIONS

Job Application Form

Position Applied For:

Your Personal Details					
Title:		Surname:		First Name:	
Address:				Home Tel:	
				Mobile Tel:	
				Email:	
				D.O.B	
				Nationality:	
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 ☐	No ☐
Details of Endorsements:					

Driving Work Experience							
	Often	Rarely	Never		Often	Rarely	Never
Rigids:	☐	☐	☐	ADR:	☐	☐	☐
Tail Lift:	☐	☐	☐	Nights Out:	☐	☐	☐
Flat bed:	☐	☐	☐	Any Other Skills:			
Multi drop:	☐	☐	☐				
RDC Deliveries	☐	☐	☐				

GKN Chep Pallets:	☐	☐	☐	Please specify	

Your Medical History It is important that you provide full and correct information in this section:				
Do you require glasses for driving?	Yes	☐	No	☐
Do you smoke?	Yes	☐	No	☐
Do you require regular medication?	Yes	☐	No	☐
If yes, please give details:				
Do you suffer from a disability?	Yes	☐	No	☐
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	☐	No	☐
If yes, please give details:				

Supplementary Information				
Are you willing to work overtime, nights and weekends if required?	Yes	☐	No	☐
Are you willing to work Nights Out?	Yes	☐	No	☐
Do you have pre-existing commitments which may limit working hours?	Yes	☐	No	☐
If yes, please give details:				
Do you have pre-existing holidays arranged?	Yes	☐	No	☐
If yes, please provide dates and details:				
Are you related or acquainted to an employee of JJX Logistics?	Yes	☐	No	☐
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	☐	No	☐
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:	