## N.R Evans Logistics Application For Employment



This Application can be emailed to: recruitment@nrevans.co.uk

The contents of this form will be treated in the strictest confidence. Please write clearly in your own handwriting. **Recruitment Policy.** 

We are an equal opportunities Employer. It is the Policy of N.R Evans Logistics to recruit, train and develop personnel without discriminating against race, colour, origin, sex, age or marital status.

Position Applied For.	Full/Part time	<u>,                                      </u>
Date available to take up employment	// Wage expected £_	PW/PA
Full Name: Mr / Mrs / Miss / Ms	/ Other	
Address		
	Post Code	
Time at this Address yearsmont	ths. National Insurance No.	//Age
Home telephone No	Mobile	E.mail
Date of birth Place of	birth]	Nationality
Number of children/dependants	Ages	
Emergency contact Name	Telephone	
Mobile	_ Address	
		Post code
Work Permit Do you need a work permit	to work in the UK? Yes/No	0
Driving Licence Details Driving licence n		
Date of car test pass//_ Licence c		
Current valid endorsements Date convicte	ed// Code	Points
	ed// Code ed// Code	
Have you ever been convicted of, or have p Drink or drug related offence	ending any :-	Yes / No
Do you have a means of transport Yes / N	-	Registration Number
Please tick which Depot you are applying	- 5	regionation rumber
NR Evans Logistics Ltd, Headoffice, Llwyr NR Evans Logistics Ltd, C/o Dawn Carding NR Evans Logistics Ltd, Hilton Business P NR Evans Logistics Ltd, C/o Norish Cold S NR Evans Logistics Ltd, C/o Welsh Countr NR Evans Logistics Ltd, C/o Milk Link Pro NR Evans Logistics Ltd, C/o Dawn Carnab	gton, Meadow Lane, Bedford ark, The Mease, Hilton, Derl Store, Ash Road South, Wrexl y Foods, Gaerwen Ind Est, G ocessing, The Creamery, Kirk	l, MK44 3SB. byshire, DE65 5FJ ham Ind Est, Wrexham, LL13 9UG aerwen, Anglesey, LL60 6HR ccudbright, Dumfries DG6 4RT
Page 1.		Please go to next page

School	Date from	То	Examinations	
Further Education / Addition	nal Training etc			
Place of Education/Training	Date	Subject		Qualification
Career History Please list yo (please note that we will not contac Current/Last Employer		 nployer first		
	,	our Ioh Title		
	<del></del>	our job Title		
Address	Ty	vpe of Business		
				/ /
	D	ate joined//	Date Left _	
Postcode	Your Duties v	ate joined//	Date Left _	_/_/_
Postcode Tel No Managers Name	Your Duties v	ate joined//	Date Left _	_/_/_
Postcode Tel No Managers Name Previous Employer	Your Duties v	vere:	Date Left _	
Postcode Tel No Managers Name Previous Employer	Your Duties v Leaving Reason	vere:SalaryYour Job Title	Date Left _	
Postcode Tel No Managers Name Previous Employer  Address	Your Duties v Leaving Reason	vere: Salary Your Job Title Type of Business	Date Left _	
Postcode Tel No Managers Name Previous Employer	Your Duties v	vere:	Date Left _	_/_/_
Postcode Tel No Managers Name Previous Employer  AddressPostcode	Your Duties v Leaving Reason	vere:  Your Job Title  Type of Business  Date Joined/_  were:	Date Left	
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Postcode Tel No Managers Name Previous Employer  Address	Your Duties v Leaving Reason	vere:  Your Job Title  Type of Business  Date Joined/_  were:	Date Left	

Nights out Are you available for nights out? (please tick) All week ( ) 4 ( ) 3 ( ) 2 ( ) 1 ( ) none ( ) (this is only a guide, and does not guarantee the amount of nights out you may be asked to do)			
Does Varied Start/Finish times cause you any problems? Yes/No			
Are you available to work weekends? Yes/No			
Interests Please give details of any pastimes, hobbies and interests.			
Disciplinary Record  Have you been disciplined on the grounds of misconduct in the last 6 months? Yes/No If yes, please give details.			
1. Caution Yes/No 2. Verbal Warning Yes/No 3. Written Warning Yes/No 4. Final Warning Yes/No			
Details. Date//_ Reason			
Date//_ Reason			
Accidents  Have you been involved in any Road traffic accident in the last 12 months? Yes/No If yes, please give details  Date//  Details			
Has any proposal for Life Insurance been refused or modified by an Insurance company? Yes/No Medical Questionarie.			
Do you/or have you ever suffered from any medical disorder of the following? (please delete as necessary)			
Heart: Yes/No. Lungs: Yes/No. Skin: Yes/No. Eyes: Yes/No. Ears: Yes/No. Have you ever suffered from Chest or Respiratory problems. Yes/No. Have you ever had:			
Epilepsy/fits. Yes/No. A drink or drug addiction. Yes/No. RSI. Yes/No.			
Do you take medicine regularly. Yes / No. Do you need Glasses for driving. Yes / No. Reading. Yes / No.			
Please tick if you are receiving medical treatment or have disabilities that affect the following.			
Standing ( ) Lifting ( ) Working at height ( ) Walking ( ) Use of your hands ( ) Climbing ladders ( ) Climbing Stairs ( ) Driving a vehicle ( ) Blood Pressure ( ) Do you have any allergies. Yes/No. Have you suffered with back or joint trouble. Yes/No. Have you ever been off work for more than 14 days with an illness. Yes/No.			
If you have answered yes to any of the above, please give details.			
Page 3 Please go to next page			

## N.R Evans Logistics

Petails if applicable  References Please give the names of 2 people (not relatives) we could approach for a reference, 1 of which must be (if possible) a previous employer.  Name Office use, Reply Comments  Company Occupation Address  Telephone No Mobile No  Name Office use, Reply Comments  Company Occupation Address  Telephone No Mobile No  Name Office use, Reply Comments  Company Occupation Address  Telephone No. Mobile No. Do you know anyone working here already?  Names Recruitment Policy and Declaration. We are an equal opportunities Employer. It is the Policy of N.R Evans Logistics to recruit, train and develop personned without discriminating against race, colour, origin, sex or marital status.  Lauthorise the company to obtain references to support this application once an offer has been made and accepted. I reclease the company and references from any liability caused by giving and receiving Information.  Lonfirm that the Information given on this form is, to the best of my knowledge, true and complete, and that any false statements may be sufficient cause for rejection or, if employed, dismissal.  Applicants Signature Date	<u>Criminal Record</u> Have you ever been convicte of offenders act)	d of a criminal offence? (declaration subject to the rehabilitation
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