



GE
Equipment Services
TLS Vehicle Rental

Application Form

Application Form

Surname: Mr/Mrs/Ms/Miss

Forenames:

Previous Name If Applicable:

Address:

Postcode:

Telephone No. Home: Work:

Mobile No: E-mail:

National Insurance No: Do you require a work permit in the UK: YES/NO

Current Driving Licence: YES/NO Penalties: YES/NO

Position Applied For:

Secondary Education

School Name & Address	Date From - To	Qualifications gained	Grades Obtained	Date Awarded

Further Education, Professional Qualifications & Membership Details, Specific skills.

University, College, Institution	Date From -To	Courses taken & Qualifications Gained	Class of Degree/Diplomas/ Grade of Membership	Date Awarded

Employment History:
Please give below an accurate record of you employment to date starting with the most recent.

Date From - To MM - YY	Company Name and Address	Position(s) Held & Summary of Main Responsibilities/Duties	Reason for Leaving	Final/Salary & Benefits

Occupational Training:
Please outline below any relevant training programmes you have undertaken during your current/previous employment e.g. Management Courses, computer literacy, Health & Safety, welding etc.

College, Institution	Courses taken & Qualifications Gained	Date Awarded

References:

These referees will only be contacted in the event of you being offered and accepting a position, or with your express permission. If you have been self employed or in education. Please give details of two referees of standing e.g. Doctor, lawyer, solicitor, accountant, magistrate, teacher.

Present Employer:

Previous Employer:

Address:

Address:

Telephone No:

Telephone No:

Contact Name:

Contact Name:

Occupational Title:

Occupational Title:

No. of Years Acquaintance:

No. of Years Acquaintance:

Health:

What is your current Health?

Please give details of any serious illness/accident/operations you have had in the last five years

Do you have any special requirements to enable you to carry out your job?

Information Release - Please read the following statements carefully and sign below:

I understand and agree that my appointment is conditional upon the verification, to the Company's satisfaction, of the information provided on the form and that this information, and that contained on attached documents, is true and complete to the best of my knowledge

I also understand that I may incur civil and/or criminal liability if I attempt to obtain employment by deception and that any misrepresentation, omission of a material fact or deception will be cause for immediate cancellation of consideration of employment, or for dismissal if already employed.

I hereby authorise the Company, or any agent acting on behalf, to verify information presented on this form, and, to the extent permitted by law, to procure investigation and credit history reports for that purpose in the UK, and, if appropriate overseas.

I also voluntarily authorise the Company, or any agent acting on its behalf, to perform reference checks of my employment, including my current employment. I understand that no contact will be made with my current employer until I have either resigned my employment with them or agreed agreed to the contact in advance of this

The information submitted on this form will be treated by the Company as strictly Private and Confidential

Signed Dated:

Name: (Please Print)

Have you ever received formal training in any of the following ?

To select your answer click in the relevant check box

LGV/HGV licence YES NO
(if yes please give details / dates / classes)

Driving licence YES NO
(if yes please give details / dates / classes)

Abrasive wheels Mounting YES NO

First aider YES NO
(if yes please give details)

Fire warden YES NO
(if yes please give details)

Crane use Slinging & Lifting - (if yes please give details) YES NO

CITB card YES NO
(if yes please give details)

Traffic lights Management - sign, lighting & guarding (if yes please give details) YES NO

MEWPS Mobile elevated work platform (if yes please give details) YES NO

Other EHS course YES NO
(if yes please give details)

COMPUTER LITERACY

OUTLOOK YES NO
(if yes please give details)

EXCEL YES NO
(if yes please give details)

WORD YES NO
(if yes please give details)

POWERPOINT YES NO
(if yes please give details)

RESULT YES NO
(if yes please give details)

OTHER YES NO
(if yes please give details)

Please indicate your level of use in the following packages

To select your answer click in the relevant check box

	DAILY	REGULARLY	OCCASIONALLY	NEVER USED
OUTLOOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOTUS 123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR ORACLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> (please specify)				