



APPLICATION FOR EMPLOYMENT

STAFF IN CONFIDENCE

NAME:.....

Position Applied For:.....

**Please return to:
Mixed Freight Services Ltd,
Unit 4, Falcon Way (Off
Central Way), North Feltham
Trading Estate, Feltham,
Middlesex, TW14 0UQ
Tel 0208 831 9988**

Notes for Guidance

Thank you for considering employment with our organisation. You will appreciate that we take every care when employing new staff. This form will assist us to progress your application as quickly as possible. All potential employees must complete the form and, where appropriate, CV's should accompany a completed application form.

It is important that you read these notes before completing the application form.

If you are successful, the information that you provide in the application form will be a component of your conditions of service. Any changes to the information provided on the application form must be notified to the company immediately. If you answer any questions untruthfully or omit any relevant information, your application may be dismissed and where necessary criminal proceedings may be sought.

Please answer all questions clearly and ensure that your writing is legible.

Where there is insufficient space on the application form please continue on a separate piece of paper.

This form comprises of a number of sections requesting information which may include personal, security and health-related subjects. Some of the information on this form will be used for security clearance where appropriate and may be shared with other security agencies for the purposes of crime reduction measures and counter-terrorism matters.

Agreement

- **I declare that the information given is complete and accurate.**
- **I declare that that I have no criminal convictions other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974 and those disclosed on the form.**
- **I will obtain and produce an original criminal record certificate / certificates in confirmation that I have no criminal convictions that are not treated as spent.**
- **I declare that I accept that any misrepresentation of the facts is a ground for refusal of employment or disciplinary proceedings (and, in appropriate cases, criminal charges).**
- **I authorise approaches to be made to former employers, educational establishments, government agencies and personal referees for verification of the information I have supplied within this form.**
- **I accept that if the activities for which I am to be deployed require a CTC the CAA or its agents will carry out a CTC and that deployment on any such activities is conditional on the satisfactory result of such a check.**

Signed **Date**

Print Name

Personal Details

Title **Mr. / Mrs. / Miss. / Ms** delete where applicable

Surname _____

Maiden Name _____

Forenames _____

Other names used _____

Have you used another name Yes No

If yes please provide details _____

Date of Birth _____

Present Address _____

_____ Post Code. _____

Time at present address _____

If less than five years at 1 _____
Your present address please _____

Give details of all your
Previous addresses in the last
Five years _____

2 _____

3 _____

Home Tele. Number _____

Mobile Number _____

Email Address _____

Nationality _____

National Insurance Number _____

Passport Number _____

Marital Status

Married / Single / Divorced

Delete where applicable

No. of Children

Emergency Contact Details

Full Name:

Relation to applicant:

Mobile Number:

Home/Work number:

Please list all relevant qualifications, skills and further training you have received in the transport Airfreight industry:

As we work within a secure and regulated aviation environment, please advise of any health conditions which may affect your ability to fulfil your job role function. Please note, this includes any major or reoccurring injuries you may experience. (NB This information is used to determine whether you can undertake a function that is intrinsic to the job role & to assess whether any reasonable adjustments need to be made during your assessment period and potential employment.)

When was your last Eye/Vision Test?

Employment History

Name of present / last employer _____

Address of present / last employer _____

Start date _____ Finish date _____

Position held within organisation: _____

Job Description: _____

Reason for leaving: _____

Telephone: _____

Email Address: _____

Please name all other past employers/educational bodies which you have worked for/been in service to who we will write to for a reference, dating back to a period of 5 years.

<u>Company/educational establishment.</u>	<u>Address, Email & Tel</u>	<u>Date of Employment/studies</u>
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Previous Experience

please state type & size of commercial vehicle / machinery driven.

Knowledge of Aviation?

Delete where applicable

Good / Fair / Poor

Do you hold an aviation security certificate or have previously received aviation training?

Yes / No

Are you available for nights out as necessary (Only applicable to drivers)

Yes / No

Do you consent to Mixed Freight Services using and publishing content of yourself obtained for our social media platforms/initiatives?

Yes / No

Driving License Details

Driving License number in full _____

Date of passing up to 3.5t (B) up to 7.5t (C1) HG2 (C) HG1 (C+E)
Date: _____

Do you have any motoring convictions?

Have you ever been refused motor insurance, if so by whom and why?

Please state any accident(s) which you have been involved in within the last ten years.

Please state the date you will be available to commence employment, taking into account any notice period you may be required to complete.

- I declare that the information given above is complete and accurate.
- I authorise Mixed Freight Services Ltd to conduct an online Driver Licence check via the GOV UK website portal. The information gathered will relate to my personal details for driver record, driving entitlement, endorsement details, disqualification and convictions. This authority will expire when I leave my current employment with Mixed Freight Services Ltd or subsidiary company.

Signature of applicant _____

Date _____

Referees / References

Please provide the followings details of two independent referees who fulfil the following criteria:

- These referees must be in a recognised profession.
- These referees must NOT be of your family.
- The referees must have known you for a minimum of five years.
- The referees provided must be able to successfully vouch for your whereabouts.

Referee 1

Title _____

Name _____

Address (including postcode) _____

E-Mail _____

Daytime Telephone _____

Relationship _____

Length of time known _____

Referee 2

Title _____

Name _____

Address (including postcode) _____

E-Mail _____

Daytime Telephone _____

Relationship _____

Length of time known _____



CONSENT FORM

I, _____ authorise Mixed Freight Services to approach any relevant individuals and organisations for verification of my educational, employment and unemployment history and to obtain any other information which may be required in order to process my company security pass for Mixed Freight Services. Such information may include (but is not restricted to) the following:

- Full name.
- Date of birth.
- Contact details including telephone numbers, email addresses and postal addresses.
- Dates of residency from current address and previous addresses (dating back 5 years).
- Proof of address – Utility bill, bank statement etc.
- National Insurance Number.
- Passport information.
- Employment/Unemployment dates.
- Details of service (at work, an educational establishment etc.)

I also authorise the processing and storing of this data in accordance with GDPR regulations on a computerised database to complete the application process.

Print Name..... Date:

Address.....
.....

DOB:..... NI Number:

Signed..... Date: