



Application for Employment

- Please complete this form in **BLACK** ink.
- **Please return this application form to:** BridgeStep Ltd. Beeches Warehouse, Junction Lane, Sankey Valley Industrial Estate, Newton-le-Willows, Merseyside, WA12 8DN or email to Info@BridgeStepLtd.co.uk

Post applied for: _____

SECTION A

PERSONAL DETAILS:

Title:	_____	Surname:	_____
Forename (s):	_____	Date of Birth:	_____
Address:	_____	Tel No. (home)	_____
	_____	Mobile:	_____
	_____	E-mail:	_____
Postcode:	_____	N.I. Number:	_____

DISABILITY

Do you consider yourself to have a Disability?..... YES NO

Do you require any support or adjustments to enable you to take part in the selection process?..... YES NO

Please give details

Can you identify any duties which may need adjustment to accommodate your disability?

DISCLOSURE OF CRIMINAL CONVICTIONS (under the Rehabilitation of Offenders Act 1974):

Do you have any criminal convictions? YES NO

If YES, please give details: _____

Do you have the right to work in the UK? YES NO

Do you have a clean, current driving licence? YES NO HGV 1 HGV 2 VAN 7.5 TONNE

Do you have a car/ access to a car for business use? YES NO

Emergency Contact Details:

Name: _____ Telephone: _____

Relationship to you: _____ Address: _____



SECTION B

EDUCATION QUALIFICATIONS • If called for an interview you will be asked to provide evidence of your qualifications.

University/College/School	Qualification(s)	Grade Awarded	Date Awarded

IN SERVICE TRAINING • Please include any other training that you feel is relevant to your application

Training	Grade Awarded	Date Awarded

MEMBERSHIP • Please give details of current Professional Membership or apprenticeship

Date Admitted	Professional Body/Association	Status	Membership Number

VOCATIONAL LICENCE • Please specify your licence categories and expiry dates

Category(s)	Expiry Date	Driver CPC Card Exp Date	Digital Tachograph Exp Date



BridgeStep Ltd

PERSONAL QUALITIES •

SECTION C

Details of Employment

Name & Address of Employer	Position Held (including salary)	Dates		Reasons for Leaving
		From	To	

Training/ Continuing Professional Development

Details of training courses attended and awards achieved. Include dates where appropriate.



BridgeStep Ltd

Employment Status

Please provide proof of status (Certificates and any relevant other documents)

Limited Company / Sole Trader / Other _____

Driving Experience

Please circle relevant type.

General Haulage ADR/HazChem Curtain Siders Powder Tanks Containers Rigid Temperature Controlled Multi Drop

Abnormal Loads HIAB IPAF/MEWPs Flat Beds Car Transporter OTHER

SECTION D

Bank Details

Bank name: _____

Address: _____

Account holder: _____

Account number: _____

Sort Code: _____

Please note:

In the event of a driver negligent accident, you may be required to pay 50% of the damage cost to a maximum of £500.00

Any payments will be notified and agreed in advance.

Limited Company drivers automatically invoice for 30 day payment terms but this can be reduced to weekly pay if specified.

All drivers will receive a pay statement each week to clarify the amount they are owed and when it will be paid.

Drivers will be required to have regular driving licence checks using DVLA checking system, at least every 6 months. Drivers cannot be used if a licence check isn't carried out or authorized.

Some of our clients require assessments and drugs and alcohol tests as part of their terms of business and insurance. Drivers that fail a test or refuse a test cannot be used.



SECTION E

REFERENCES

Please give the names and addresses of two people who can provide a reference. Do not include relatives (unless your current or previous employer is a relative) or people with whom you live.

If you are employed, please give details of your present employer. If not currently employed, please give details of your last employer.

First Referee	Second Referee
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No. (including STD code)	Tel No. (including STD code)
In what capacity do you know this person?	In what capacity do you know this person?
If you are selected may we contact this person prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>	If you are selected may we contact this person prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL HISTORY

Is there anything about your health record which is relevant to this application?

Please give details of any illness/accident in the last five years which has caused you to be away from work or college for three weeks or more in total (eg – for three separate periods of one week each).

CONFIRMATION OF DETAILS

By supplying this information, I consent to its being processed for all employment purposes as defined in Data Protection legislation and its use in any verification checks that may be made. (I understand that offers of employment are based on the details that I have given. I am aware that I am obligated to notify BridgeStep Ltd. of any changes to the details that I have provided and crucially, any changes to my Driver's Licence (points, change of address, etc.).....)

I certify that to the best of my knowledge all the information I have given is correct. I understand that by deliberately giving false or incomplete answers I will be disqualified from consideration for this post or, in the event of my appointment, may be dismissed without notice.

If this is an on-line application, please tick the box to confirm that the information you have supplied is complete and truthful and enter the date below. Please note you will be required to sign this form should you be called for interview. **Tick here for online application**

Signed _____ Date _____