

Return to:

Egertons Recovery Ltd
Moss Lane
Mobberley
Cheshire
WA16 7BS



EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

Surname.....	Forenames.....
Address.....	
Telephone.....	Mobile.....
N.I. No	

Position Applied for.....
Have you previously worked for Egertons ? Yes / No If yes please give:-
Position Date Location.....
How did you hear about the vacancy?
Do you require any special arrangements to attend the interview? Yes / No
If YES, please explain

<u>For Non-British and Non-EC Nationals:</u>
Date of entry into the UK Do you have permission to work? Yes / No
If yes, what type

Licence: Car (7.5 tonne minimum).....Commercial - Class.....
--

EDUCATION

School / College attended:	From	To	Qualifications obtained

Additional Qualifications (List relevant qualifications)

Any other Relevant Training (Fork Lift / Recovery Courses etc)

EMPLOYMENT HISTORY

CURRENT EMPLOYMENT

Company..... From.....To

Address..... Position / Job Title

..... Main Duties

Nature of Business.....

Current or last wage..... Responsible to

PREVIOUS EMPLOYMENT HISTORY (MOST RECENT)

Company..... From..... To

Address..... Position / Job Title

..... Main Duties

Nature of Business.....

Reason for Leaving..... Responsible to

Wages on Leaving (*including bonus*)..... P.W.

Company..... From..... To

Address..... Position / Job Title

..... Main Duties

Nature of Business.....

Reason for Leaving Responsible to

Wages on Leaving (*including bonus*).....P.W.

Company..... From..... To.....

Address..... Position / Job Title

..... Main Duties

Nature of Business.....

Reason for Leaving Responsible to

Wages on Leaving (*including bonus*)P.W.

Company..... From..... To

Address..... Position / Job Title.....

..... Main Duties

Nature of Business.....

Reason for Leaving..... Responsible to

Wages on Leaving (*including bonus*)P.W.

HEALTH DETAILS

We want to look after the Health and Safety of all our staff. Please give details of any ill health, major illness or medication which may affect your ability to perform the job you have applied for

.....
.....

Have you ever been convicted of a criminal offence which is not spent as defined in the rehabilitation of offenders Act 1974?

Yes / No

If yes, please explain.

.....
.....

DECLARATION

To the best of my knowledge the information on this form is correct.

Signature.....

Date.....

EGERTONS RECOVERY LTD

DRIVERS INSURANCE QUESTIONNAIRE

Name	Date of Birth	No of Years resident in UK	Type of Licence	Country of Issue	Full date test passed	Occupation

- | | | |
|---|-----|----|
| a) Have you been involved in any accident or loss regardless of blame in the last three years? | YES | NO |
| b) Have you been convicted of a motoring offence? | YES | NO |
| c) Have you been disqualified from driving? | YES | NO |
| d) Have you had a motor vehicle stolen in the last three years? | YES | NO |
| e) Have you ever suffered or currently suffered from any physical or mental defect, heart disease, epilepsy, diabetes or any other infirmity? | YES | NO |
| f) Have you ever been refused insurance or quoted an increased premium or had special terms imposed? | YES | NO |
| g) Have you been convicted of any offence involving dishonesty of any kind in the last five years eg. Fraud, robbery, theft, arson or handling of stolen goods? | YES | NO |

If any answer to the above question is "YES" please give full details here (using additional paper if necessary)

Full date of loss/disability or conviction	Full Circumstances of accident, loss, conviction and/or disability including treatment and effective date	Fines, endorsements, disqualifications etc	Own Claim Costs	Other Claim Costs

DECLARATION: I declare that to the best of my knowledge and belief all the above statements are true and complete.
I also hereby authorise that my employer may approach DVLA for a copy of my driving licence should this be required.

Drivers Signature: Dated:

Licence Inspected by: Dated: