

Application for Employment

Please return to: -
 The Operations Manager
 Vision Logistical Solutions Ltd
 36 Brunel Way
 Segensworth East
 Fareham, Hampshire
 PO15 5SA

Please complete fully in your own handwriting in black ink

First names		Last name	
Address			
Postcode	Home phone	Mobile	
Marital status	No of Dependants	Own Transport	
Date of birth	N I Number		
DRIVING DETAILS	Driving licence number	No years held	
Details of endorsements to include any pending	Date of expiry	Do you ride a motor cycle	
	Details of other licences held LGV, PCV, Forklift, other.		
Details of any additional Driver training undertaken. (ADR, CPC, HASCHEM)			
ABOUT YOUR HEALTH	Are you in good health?	Do you wear glasses or contact lenses?	Do you wear a hearing aid?
Please give details of any serious illness or injury you have sustained and details of medication you take regularly?			
In the event of an appointment being made are you willing to be medically examined?	Please give any other information you consider relevant?		
Have you ever been convicted of a criminal offence? (Answer subject to the Rehabilitation of Offenders Act). Please give details:			
Do you have experience of working shifts?	Are you prepared to work nights?	Are you willing to have a police check carried out?	
If offered a position do you intend to work in any other capacity? - If so please give details.			
Have you ever worked for Vision before, directly or through agency? If you have, detail dates below.	How did you hear about working for Vision?		

Please complete fully in your own handwriting using black ink

EMPLOYMENT HISTORY - Most recent first (include periods of unemployment)

Please give details of equipment used, vehicles driven responsibilities & training undertaken.

Company & Full Address

Job title

Start date

Leaving date

Responsibilities

Name of Manager / Supervisor

Reason for leaving

Company & Full Address

Job title

Start date

Leaving date

Responsibilities

Name of Manager / Supervisor

Reason for leaving

Company & Full Address

Job title

Start date

Leaving date

Responsibilities

Name of Manager / Supervisor

Reason for leaving

Employment details - Please continue on a separate sheet if necessary:

I confirm that the information given on this form is, to the best of my knowledge true and complete.
I understand that any false information given could if employed, be cause for dismissal.

I authorise Vision Logistical Solutions Ltd to approach current / former employees for references.
I authorise Vision Logistical Solutions Ltd to undertake police & criminal activity searches.

Signature of applicant:

Date

Office use only:

vision *express logistics*

Application for Employment

Please return to: -
The Operations Manager
Vision Logistical Solutions Ltd
36 Brunel Way
Segensworth East
Fareham, Hampshire
PO15 5SA