

Application Form

Personal Details

Full Name _____

Address _____

Post Code _____

Home Tel. _____

Mobile _____

Date of birth _____

National Insurance No. _____

Sex _____

Driving History

Driving Licence No. _____

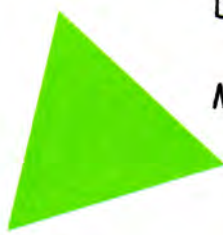
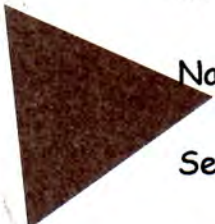
Date Test Passed: _____

PCV Licence No. _____

Date Test Passed: _____

Manual/Automatic Licence (Delete as appropriate)

Linburg



Linburg

Burgin European (Transport) Limited
Unit 7
35 Catley Road
Darnall
Sheffield
S9 5JF

Tel: 0114 261 9172
Fax: 0114 256 1159
www.linburg.co.uk

Endorsements/Convictions / Disqualifications:

(Please detail)

Details of Road Traffic Accidents in past 3 years:

Do you have a criminal record
If yes please give details

Yes / No

Do you give us authorisation to do a police check on your records Yes / No

Are you looking for Full time work (40 + Hours)

Yes / No

Are you looking for regular part time work (Below 40 Hours)

Yes / No

Are you looking for casual work on an agreed basis

Yes / No

Employment History

Current. Can we contact for a reference? Yes / No

Name of Company: _____ Contact Name: _____

Nature of Business: _____ Position Held: _____

Address: _____ Employed From: _____ To: _____

_____ Main Duties: _____

Telephone No: _____

Reason for leaving: _____

Past. Can we contact for a reference? Yes / No

Tel: 0114 261 9172

Name of Company: _____ Contact Name: _____ Fax: 0114 256 1159

Nature of Business: _____ Position Held: _____ www.linburg.co.uk

Address: _____ Employed From: _____ To: _____

_____ Main Duties: _____

Telephone No: _____

Reason for leaving: _____

Past. Can we contact for a reference? Yes / No

Name of Company: _____ Contact Name: _____

Nature of Business: _____ Position Held: _____

Address: _____ Employed From: _____ To: _____

_____ Main Duties: _____

Telephone No: _____

Reason for leaving: _____

Past. Can we contact for a reference? Yes / No

Name of Company: _____ Contact Name: _____

Nature of Business: _____ Position Held: _____

Address: _____ Employed From: _____ To: _____

_____ Main Duties: _____

Telephone No: _____

Reason for leaving: _____

References (Please give two). Include names, addresses and telephone numbers. Minimum of one from past employer:

1.

2.

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Please return this form to the address at the top of the page and please ensure you enclose a copy of your driving licence.

I confirm that all information I have given is correct and true to the best of my knowledge.

Signed _____ Date _____

Print Name _____



Directors: J. Hadaway, G. Dawson
Company Reg. No. 4311211
VAT No. 827 8892 68