

APPLICATION FOR EMPLOYMENT



Manx Independent Carriers Ltd

Distribution Centre, Snugborough Trading Estate
Braddan, Isle of Man IM4 4LG
Tel: 01624 692100, Fax: 01624 677211
Email: sales @ mic.co.im,
Web: www.mic.co.im



Edmundson Haulage Ltd

Distribution Centre, Prospect Place, Prescot Road
East Pimbo Trading Estate, Skelmersdale,
Lancashire WN8 9QP
Tel: 01695 711670, Fax: 01695 717043
Email: sales @ edmundson.co.im,
Web: www.edmundson.co.im

Name:			
Date of Birth:			
Address:			
Date of Application:			
Position Applied for:			
Telephone Number:		(Home)	(Mobile)
Current or Last Employer:			
Period of Notice Required:			
Present Salary:			
Do you require a work permit under Manx legislation?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a current clean Manx driving license?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
If not, please give details of any endorsements:			
Have you worked in the haulage industry before?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details of any duties you performed:			
Roping / Sheeting	<input type="checkbox"/>	Delivery / Manual Handling	<input type="checkbox"/>
Loading / Unloading	<input type="checkbox"/>	Commercial Vehicle Driving	<input type="checkbox"/>
Parcel Scanning	<input type="checkbox"/>	Shunting	<input type="checkbox"/>
Redistribution	<input type="checkbox"/>	Fork Lift Truck	<input type="checkbox"/>
		Other (details below)	<input type="checkbox"/>
Number of years experience driving commercial vehicles:			
Type of License Held:			
Please indicate your knowledge of the Island:		EXCELLENT	<input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> NONE <input type="checkbox"/>
Have you ever been convicted of any criminal offence?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide details and date.			

SKILLS & QUALIFICATIONS – please provide details of any training, skills or licences that may be of benefit to the job for which you are applying. Please include any current First Aid certificates you hold.

MEDICAL HISTORY – do you currently suffer from any of the following, or have you suffered from them in the past?

Heart disease Diabetes

Tuberculosis Epilepsy

Alcoholism Hepatitis

MUSCULO-SKELETAL DISORDERS

Upper back pain Lower back pain

Swollen or painful joints:
wrists / ankles / knees / elbows / shoulders PLEASE SPECIFY

EYESIGHT - How long has it been since your last eye test?

Do you wear spectacles? YES NO

Have you recently had cause to visit a doctor or hospital? Please give details:

Approximate date of visit

Reason and Outcome

In the event of an accident who can we contact as your next of kin? Please provide their name, address and two phone numbers.

EMPLOYMENT HISTORY – give details of your last four employers:	
Employer	
Employed from	to
Job Description	
Reason for leaving	
Employer	
Employed from	to
Job Description	
Reason for leaving	
Employer	
Employed from	to
Job Description	
Reason for leaving	
Employer	
Employed from	to
Job Description	
Reason for leaving	
REFERENCE – please provide names and addresses of two persons whom we may contact who will attest to your abilities and character	
1)	
.....	
2)	
.....	

I certify that the details I have provided are to the best of my knowledge true and correct. Should any false information have been purposely entered, or any pertinent information purposely left out, I understand that my continued employment may be jeopardised.

SIGNED _____

DATE _____