

SEND TO
INFO.MOBILITYFURNITURE@GOOGLEMAIL.COM

Laybrook.com
motion furniture

**Laybrook,
Units 4 & 5, Arena 14,
Bicester Distribution Park,
Charbridge Way,
Bicester, Oxfordshire,
OX26 4STL**

Tel // Fax: 01869 278504
www.laybrook.com

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR	
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SURNAME:	
FIRST NAMES:	
ADDRESS:	
POSTCODE:	
HOME TEL. NO:	
MOBILE TEL. NO:	
EMAIL ADDRESS:	
NATIONAL INSURANCE NO:	

Please tick

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.K?	YES	NO
DO YOU REQUIRE A WORK PERMIT?	YES	NO
IF THE ANSWER TO THE LAST QUESTION IS YES – DO YOU HOLD A VALID WORK PERMIT?	YES	NO

WHAT HOBBIES / INTERESTS DO YOU HAVE OUTSIDE WORK?	
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Please tick

DO YOU HAVE A CURRENT UK DRIVING LICENCE?	YES	NO
IS IT A PROVISIONAL LICENCE?	YES	NO
DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENCE? If yes, please complete the relevant section regarding motoring/traffic convictions	YES	NO
DO YOU HOLD A DIGITAL TACHOGRAPH DRIVER CARD	YES	NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A SPENT CONVICTION UNDER THE REHABILITATION OF OFFENDERS ACT 1974? If yes, give details	
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Please tick

IF OFFERED THIS POSITION, WILL IT BE YOUR ONLY EMPLOYMENT?	YES	NO
DO YOU HAVE YOUR OWN TRANSPORT TO GET TO AND FROM WORK?	YES	NO

DRIVING LICENCE NO:		DATE PASSED TEST:	
LGV CLASS:	VALID FROM:	VALID TO:	

PLEASE PROVIDE DETAILS OF PREVIOUS DRIVING EXPERIENCE (if applicable)			
COMPANY:		LOCATION:	
JOB:	FROM:	TO:	
COMPANY:		LOCATION:	
JOB:	FROM:	TO:	
COMPANY:		LOCATION:	
JOB:	FROM:	TO:	
COMPANY:		LOCATION:	
JOB:	FROM:	TO:	
COMPANY:		LOCATION:	
JOB:	FROM:	TO:	

ARE YOU AWARE OF THE DRIVERS HOURS REGULATIONS?	YES	NO
HAVE YOU BEEN TRAINED IN USE THE OF A TACHOGRAPH?	YES	NO
ARE YOU PREPARED TO DO OVERNIGHT STAYS OCCASIONALLY?	YES	NO

HAVE YOU HAD ANY MOTORING CONVICTIONS IN THE PAST 3 YEARS?				YES	NO
If yes, give details:					
Date of Conviction	Offence Code	Date of Offence	No. Of Points	Fine	

HAVE YOU HAD ANY ACCIDENYS IN THE PAST 5 YEARS? If yes, give details:		YES	NO
Date of accident	Details of accident		

EDUCATION AND QUALIFICATIONS:	
SECONDARY SCHOOL NAME & LOCATION:	
COLLEGE NAME & LOCATION:	
SCHOOL DATES FROM:	TO:
COLLEGE DATES FROM:	TO:
SUBJECT TAKEN	GRADES GAINED

EDUCATION AND QUALIFICATIONS CONTINUED			
PLEASE USE THIS SPACE FOR ANY OTHER INFORMATION:			

PREVIOUS EMPLOYMENT				
DATES		PRESENT / LAST EMPLOYER & LOCATION	POSITION	SALARY
FROM	TO			
REASON FOR LEAVING:				
NOTICE REQUIRED If applicable:				
DATES		PREVIOUS EMPLOYER & LOCATION	POSITION	SALARY
FROM	TO			
REASON FOR LEAVING:				
DATES		PREVIOUS EMPLOYER & LOCATION	POSITION	SALARY
FROM	TO			
REASON FOR LEAVING:				
DATES		PREVIOUS EMPLOYER & LOCATION	POSITION	SALARY
FROM	TO			
REASON FOR LEAVING:				
CONTINUE ON A SEPERATE SHEET, IF NECESSARY, AND ATTACH TO THIS APPLICATION				

MEDICAL BACKGROUND

Registered in the UK. Registered Office:
 Faveo House, 2 Somerville Court, Banbury Business Park, Aynho Road, Banbury, Oxfordshire, OX17 3NS
 Company Registration No: 06230068. VAT Registration No: 908 9228 96

DO YOU HAVE ANY MEDICAL OR PHYSICAL CONDITIONS WHICH COULD LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING?		YES	NO
IF YES, PLEASE GIVE DETAILS:			
DO YOU TAKE ANY REGULAR MEDICATION WHICH COULD LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING?		YES	NO
IF YES, PLEASE GIVE DETAILS:			
HOW MANY DAYS HAVE YOU HAD ABSENT FROM WORK DUE TO ILLNESS:			
IN THE LAST TWO YEARS DAYS EPISODES	
IN THE LAST TWELVE MONTHS DAYS EPISODES	

REFERENCES	
REFERENCE 1.	REFERENCE 2.
NAME & POSITION:	NAME & POSITION:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS
POSTCODE:	POSTCODE:
EMAIL ADDRESS:	EMAIL ADDRESS:
TEL. NO:	TEL. NO:

I DECLARE THAT THE INFORMATION GIVEN IS, TO THE BEST OF MY BELIEF, TRUE & COMPLETE.	
SIGNED:	DATED: