



Application Pack

Your Personal Details

Surname:

First names:

Address:

Postcode:

Contact Nos: Home: Mobile:

Position applied for, if you are applying for a specific job, please also note where you heard about the opening:

Location appl. for:

Type of work preferred (please tick if relevant):

Nights: Day shifts: Mixed shifts: No preference:

Date of Birth: Place of Birth:

Nationality: Marital Status:

Do you need a work permit to take up employment in the UK? Yes: No:

If YES please give details:

Where you live, are you a (please tick): Homeowner: Council Tenant: Private Tenant: Other:

Time at your present address:

Do you have any children? Yes: No:

If YES please give details, including ages:

Are you a SMOKER? Yes: No:

Please summarise briefly why you would like to become part of the 24/7 Taxi Vans team:

The information you supply in this form will be treated in the STRICTEST confidence.

Your Office Experience

MS Word:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Accounting Software:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
MS Access:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Estimating:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
MS Outlook:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Autoroute:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
MS Excel:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Teamworking:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
Spreadsheets:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Meeting deadlines:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
Powerpoint:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>	Meeting clients:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>
Apple Macs:	Often: <input type="checkbox"/>	Rarely: <input type="checkbox"/>	Never: <input type="checkbox"/>				

Please supply as much information as possible on other relevant experience:

Supplementary Information

Are you willing to work overtime and weekends when required? Yes: No:

Do you have any pre-existing commitments which may limit your working hours?
(For instance military reserve, local government etc.) Yes: No:

If YES please give details:

Are you subject to any restraints which may affect your current or future employment? Yes: No:

If YES please give details:

Have you ever worked for 24/7 Taxi Vans before? Yes: No:

If YES please give details:

Do you have any pre-existing holidays arranged? Yes: No:

If YES please give details:

If offered a position at 24/7 Taxi Vans, how much notice must you give your current employer?

Have you ever been convicted of a Criminal Offence? (which is not, now 'spent' under the provisions of the Rehabilitation of Offenders Act, 1974) Yes: No:

If YES please give details:

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References

Please give details of TWO Referees, BOTH must be previous employers, one MUST be your CURRENT EMPLOYER.
(Please note that your current employer WILL NOT under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with 24/7 Taxi Vans

Referee ONE

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>
Position:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Telephone/email:	<input type="text"/>

Referee TWO (your CURRENT employer)

Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>
Position:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Telephone/email:	<input type="text"/>

Declaration

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment 24/7 Taxi Vans

Signed:	<input type="text"/>
Full name:	<input type="text"/>
Date:	<input type="text"/>