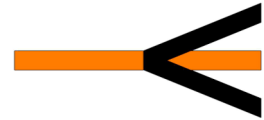


Application form



HR Smith Group of Companies
Street Court
Kingsland
Leominster HR6 9QA
Telephone: 01568 708744
Fax: 01568 708713
E-Mail street@hr-smith.com

H.R. Smith
(Technical Developments) Ltd
Specmat Ltd
Techtest Ltd

HR Smith
Group of Companies

Application details

Full and truthful completion of this application is a condition of employment. If not applicable please write "Not Applicable" in the space provided.

Position applied for

Date of application Where did you see the position advertised?

All information disclosed on this form will remain confidential. HR Smith is an equal opportunity employer.

Personal details

Title Mr Ms Mrs Miss Age Date of birth

Forename National Insurance No.....

Surname Next of Kin

Home address Number of children (with ages)

..... Have you ever been convicted of any criminal offences?

..... Yes No

..... If yes, please give full details and dates:

.....

Post Code Tel No.

Mobile No Nationality

.....

If you are not an EU citizen does any endorsement on you passport restrict your time or employment in the UK? Yes No

If yes please give details:

.....

Health details

Are you in good health? Yes No

If no please provide details:

.....

.....

How many days have you been absent from work through illness or injury in the last 2 years?

Please give details:

.....

.....

Education & qualifications (starting with most recent) Do you have a Student Loan? Yes No

Schools: Colleges: Other:	Qualifications Achieved:
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Employment

Please give details of each employer in chronological order (starting with the most recent). Include a brief description of your work there, final salary, and reasons for leaving.

Are you: In Employment/Unemployed How soon can you start work?

Name of Employer	Position	From - To	Give Full Details of Job	Rate of Pay

Other details

Personal interests & achievements *(Use the space below to list any spare time activities and continue on separate sheet, if required)*

Any other comments *(Use below to provide any further information which you feel might be relevant to this position)*

References

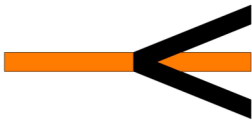
Name and address of two character references, including at least one recent employer. *(These references will not be taken up without your express permission.)*

Name:	Name:
Address	Address
.....
.....

Declaration

I authorise the Company to obtain references to support this I understand that any false statement may disqualify me from employment or render me liable to dismissal. I give my consent to my personal information being processed in relation to my application for employment. Data Protection Act – the information given to us in this form will only be used in relation to your application for employment. By signing this declaration you are giving us your express consent to retain and process this information under the Data Protection Act 1998.

Signature: Date



HR Smith
Group of Companies

Private and Confidential
DRIVING HISTORY

*There may be times when you will be required to drive a vehicle for the company
This information is required for our fleet insurance company.*

Name:		
Address:		
Tel No:		
Date of Birth:		
Driving Licence No.:		
Next of Kin: Name:		
Address:		
Tel No.:		
1.	Do you hold a current driving licence: (If Yes please complete Sections 2 – 6 and relevant Sections overleaf)	YES/NO
2.	Have you ever been convicted of any fixed penalty motoring offences during the past five years, or are there any police enquiries or prosecutions pending:	YES/NO
3.	Have you ever been convicted of any motoring offences, excluding fixed penalty offences, during the past ten years, or are there any police enquiries or prosecutions pending:	YES/NO
4.	Have you ever suffered from diabetes, fits, heart conditions or any physical or mental infirmity:	YES/NO
5.	Have you ever been declined for motor insurance or had a motor policy cancelled:	YES/NO
6.	Have you had any accidents, losses or claims (other than windscreen claims) during the past three years:	YES/NO
<i>Please complete applicable Section (s) overleaf if answered YES to Section 2, 3, 4, 5 or 6</i>		

a. MOTORING OFFENCES / POLICE ENQUIRIES OR PROSECUTIONS PENDING

Name of Driver:

Offence Code:

Date:

Fine:

Penalty Points:

Period Disqualified:

Circumstances:

b. PHYSICAL / MENTAL DISABILITY

Name of Driver:

Details and Reasons:

Has the DVLA been advised:

c. INSURANCE HISTORY

Name of Driver:

Details and Reasons:

d. CLAIMS HISTORY

Date of Accident:

Name of Driver:

Cost of Claim (if known):

Circumstances of accident (including details of any personal injury):

SIGNED **DATE**