



CAB CO. LIMITED

JOB APPLICATION FORM

PLEASE STATE WHICH JOB YOU ARE APPLYING FOR.

.....

MR/MRS/MISS/MS NAME.....

ADDRESS.....

.....

POSTCODE.....

TELEPHONE NUMBER.....

DATE OF BIRTH...../...../.....

EMPLOYMENT HISTORY – MOST RECENT FIRST

DATES OF EMPLOYMENT FROM..... TO.....

EMPLOYERS NAME AND ADDRESS.....

.....

.....

REASON FOR LEAVING.....

POSITION HELD.....

BRIEF DESCRIPTION OF DUTIES.....

.....

DATES OF EMPLOYMENT FROM..... TO.....

EMPLOYERS NAME AND ADDRESS.....

.....

.....

REASON FOR LEAVING.....

POSITION HELD.....

BRIEF DESCRIPTION OF DUTIES.....

.....

DATES OF EMPLOYMENT FROM..... TO.....

EMPLOYERS NAME AND ADDRESS.....

.....

.....

REASON FOR LEAVING.....

POSITION HELD.....

BRIEF DESCRIPTION OF DUTIES.....

.....

QUALIFICATIONS.....

.....

.....

.....

DO YOU HOLD AN EXISTING TAXI BADGE WITH ST EDMUNDSBURY COUNCIL

YES/NO/NOT APPLICABLE

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE

.....

.....

.....

PLEASE TELL US WHY YOU APPLIED AND GIVE EXAMPLES OF THINGS YOU HAVE DONE THAT MAKE YOU SUITED TO THE JOB

.....

.....

.....

DO YOU CURRENTLY HOLD A PSV LICENSE

YES/NO/ NOT APPLICABLE

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

SIGNED..... DATE...../...../.....