

**CONFIDENTIAL**

**A.J.A.SMITH TRANSPORT LIMITED**

Please complete using CAPITAL letters

**NAME:**

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**POSITION APPLIED FOR:**

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**PERSONAL DETAILS:**

Surname: *Mr/Mrs/Miss
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Forenames:
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Address:
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Telephone number:
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Alternative contact number:
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Nationality:
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Date of Birth:
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Nat Ins No:
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Married or Single                      *Married/Single
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NOK details:
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Name:
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Address:
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Relationship:
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Number of children:
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**\*Delete as applicable**

Car licence	Yes/No
LGV Licence	Yes/No
If yes what class ?	

How long held ?	
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Convictions ?	Yes/No
details:	

Endorsements:	Yes/No
details:	

**HEALTH**

**all questions must be answered**

1. Are you in good health ?	Yes/No
2. Are you currently receiving treatment from a GP or Hospital ?	Yes/No
3. Do you suffer from any skin disease ?	Yes/No
4. Do you suffer from any disability ?	Yes/No
5. Are you registered disabled ? If yes give your Reg Disabled No.	Yes/No
6. Do you take any medication ?	Yes/No
7. Do you suffer from Epilepsy ?	Yes/No
8. Do you suffer from Diabetes ?	Yes/No
9. Do you have any back related problems ? If yes what, if any, treatment have you had ?	Yes/No
10. Do you now, or have you ever, suffered from any stress related problems ? If yes, please give details.	Yes/No



