

Application Form

Thank you for joining Excellent Business Services. We aim to meet your work requirements and rely on effective collaboration for our success. Here are key expectations:

- Arrive on time for your placement, ideally 10 minutes early. Inform us immediately if you're running late.
- Represent us professionally at the client site.
- Notify us promptly if you can't make your shift.
- Submit authorized timesheets weekly for payment. Timesheets received by Monday 16:00 hour will be processed for Friday payment. Ensure physical delivery for guaranteed receipt.

All airport work applicants must have:

- A valid CPC and TACHO (drivers only)
- No more than 6 points on their licence (drivers only)
- Minimum of 2-year experience as a Class 1 driver (drivers only)
- 5-year checkable working history
- DBS Certificate for criminal record clearance
- Cargo Operative Driver COD (old Level D) training certificate with modules page
- Right to Work in the UK

Please send us scanned copies of your passport, driving licence, CPC & Digital Cards, DBS, proof of address and other supporting documents along with filled in application form by email.

If you need any help, please contact us by ebtops@yahoo.com.

Thank you and welcome aboard!

Delete / cross the irrelevant options.

A. PERSONAL DETAILS	
First Name (s):	Last Name:
Address (Last 5 Years):	Postcode:
Email:	Marital Status:
Home Tel:	Mobile Tel:
Do You have to Right to Work in UK? YES / NO	Nationality:
Address 2 & Postcode:	
Address 3 & Postcode:	
Address 4 & Postcode:	
Address 5 & Postcode:	
B. NEXT OF KIN	
Full Name:	Relationship:
Address:	Postcode:
Home Tel:	Mobile Tel:
C. EDUCATION AND TRAINING	
School Name:	Qualification & Date Attended:
College Name:	Qualification & Date Attended:
University Name:	Qualification & Date Attended:
Driving Licence Category: (Select from Next Column)	C+E (Class 1), C (Class 2), C1 (7.5 Tonne) B (Van/Car/3.5 Tonne), D (PCV), YES / NO
Driver Qualification, CPC and DIGI Card:	YES / NO
Driving Licence Number:	
Points on Driving Licence:	YES / NO, if Yes How Many?
UK Experience in Years and Months (Driving & Non-Driving):	MM / YY
ADR Licence for Carrying Dangerous Goods on Road:	YES / NO
Other Professional Trainings	Cargo Operative Driver – LEVEL D: YES / NO
Forklift Training: YES / NO	X Ray Screening: YES / NO
D. EMPLOYMENT HISTORY (Last 5 Years)	
Employer Name - 1:	
Employer Address - 1:	
Job Title:	
Start Date:	End Date: Reason for Leaving:
Employer Name - 2:	
Employer Address - 2:	
Job Title:	

Start Date:	End Date:	Reason for Leaving:
Employer Name - 3:		
Employer Address - 3:		
Job Title:		
Start Date:	End Date:	Reason for Leaving:
Employer Name - 4:		
Employer Address - 4:		
Job Title:		
Start Date:	End Date:	Reason for Leaving:
Employer Name - 5:		
Employer Address - 5:		
Job Title:		
Start Date:	End Date:	Reason for Leaving:
E. IMPORTANT INFORMATION		
Road accidents in last 3 years	YES / NO	Details:
Have you ever had a conviction?	YES / NO	Details:
Have you suffered any disabilities or illnesses in past 3 years?	YES / NO	if yes, please provide details below
Number of sick days during last year:		
Do you own a vehicle?	YES / NO	How would you travel to work?
How did you hear about us?	Name of Referral:	
F. PREFERRED POSITION		
Position Applying:	National Insurance Number:	
G. PAYMENT DETAILS		
Account Name:	Bank Account Number:	
Bank Name:	Bank Sort Code:	
Is this your first job?	Would you like to get register as PAYE / Limited Company?	
H. YOUR REFERENCE DETAILS		
Please supply the names and work addresses of at least 2 professional referees.		
One must be from your present or most recent employer.		
You must have worked for that person for a period of more than three month, in last two years.		
All references should be reachable by post or email and able to reply back.		
Can we contact your referees prior to an interview?	YES / NO	
Reference 1 Contact Details:		
Referee Name:	Position:	
Adress & Postcode:		
Telephone Number:	Email Address:	
In what capacity has this person (referee 1) known you?		

Start Date (MM/YY):	End Date (MM/YY or To Date):
Declaration: I can confirm that I have provided these referee details and that I give permission for Excellent Business Services to contact the above referee on my behalf.	
Candidate Full Name:	Date & Signature:
Reference 2 – Contact Details:	
Referee Name:	Position:
Adress & Postcode:	
Telephone Number:	Email Address:
In what capacity has this person (referee 2) known you?	
Start Date (MM/YY):	End Date (MM/YY or To Date):
Declaration: I can confirm that I have provided these referee details and that I give permission for Excellent Business Services to contact the above referee on my behalf.	
Candidate Full Name:	Date & Signature:
I. DECLARATIONS	
I confirm that I fully understand the Domestic and EU Drivers' Hours and Working Time Rules. I am aware of the required breaks from driving, daily driving hours, weekly driving hours, fortnightly driving hours, daily required rest, split daily rest, working day, and weekly rest requirements. I acknowledge that it is my responsibility to comply with these regulations.	
I confirm that I have read and understood the Excellent Business Services Agency Workers Handbook. I commit to following the rules and regulations outlined in the handbook, as well as those stipulated by UK and EU driving laws.	
I have the legal right to work in the UK.	
I confirm that information provided in this application form are accurate to the best of my knowledge.	
I agree to notify Excellent Business Services if I am convicted of any future offenses.	
I agree to notify Excellent Business Services if there are changes to my medical condition affecting my ability to fulfil driving duties.	
I fully understand that Excellent Business Services cannot assure work assignments and are not obligated to compensate for unworked hours under any circumstances.	
If you would like to add any other information, please mention it on continuation sheet below.	
Candidate Full Name:	Date & Signature:
FOR OFFICE USE ONLY:	

Continuation Sheet for Other Information,
5 YEAR WORK AND ADDRESS HISTORY.