



PERSONAL DETAILS

APPLICATION FOR EMPLOYMENT

FULL NAME.....

POSITION APPLIED FOR.....

ADDRESS.....

POST CODE HOME NO..... MOBILE.....

EMAIL ADDRESS..... ABLE TO WORK IN THE UK.....

CONTACTS OR RELATIVES WITH COMPANY (IF ANY).....

TYPE OF WORK REQUIRED

DAYS NIGHTS RELIEF TRAMPING WEEKEND

FLEXIBILITY IS A KEY REQUIREMENT OF THE COMPANY. CONFIRM YOU ARE AVAILABLE TO WORK SHIFT PATTERNS REQUIRED BY THE NEEDS OF THE BUSINESS... YES / NO

EDUCATION AND TRAINING

SCHOOL /COLLEGE/QUALIFICATIONS.....

.....

OTHER TRAINING/QUALIFICATIONS.....

LICENCE DETAILS – COPY TO BE PROVIDED

LGV LICENCE CLASS..... EXPIRY DATE.....

LICENCE NO..... PASSPORT NO.....

ANY ENDORSEMENTS.....

PLEASE NOTE: ALL DRIVING LICENCES WILL BE CHECKED WITH DVLA FOR VALIDITY

GIVE DETAILS OF ANY ROAD TRAFFIC ACCIDENTS IN LAST FIVE YEARS

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PLEASE SIGN TO PROVIDE CONSENT FOR THIS INFORMATION TO BE RETAINED FOR UP TO 12 MONTHS OR, UNTIL YOU WITHDRAW PERMISSION:

Sign:

Date:

Expiry:

HAS ANY INSURER AT ANY TIME:-

DECLINED YOUR PROPOSAL FOR INSURANCE? YES/NO IF YES PLEASE GIVE DETAILS

REQUIRED ANY SPECIAL CONDITIONS ON YOUR POLICY? YES/NO IF YES PLEASE GIVE DETAILS

CANCELLED OR REFUSED TO RENEW YOUR POLICY? YES/NO IF YES PLEASE GIVE DETAILS

DCPC DETAILS

DCPC CARD NUMBER.....

HAVE YOU UNDERTAKEN ANY ELEMENTS OF DRIVER CPC YES/NO

IF YES PLEASE GIVE DETAILS.....

HAVE YOU HAD ANY SERIOUS ILLNESS, OR HAVE YOU ANY PHYSICAL DISABILITY WHICH MIGHT AFFECT YOUR EMPLOYMENT?

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DO YOU REQUIRE GLASSES OR CONTACT LENSES FOR DRIVING.....

HAVE YOU ANY CRIMINAL CONVICTIONS?.....

IF SO, GIVE BRIEF DETAILS.....

ANY OFFER OF EMPLOYMENT IS SUBJECT TO THE RECEIPT OF SATISFACTORY MEDICAL INFORMATION WHICH MAY INCLUDE A MEDICAL EXAMINATION

EMPLOYMENT HISTORY

1. PRESENT/LAST EMPLOYERS

2. PREVIOUS EMPLOYER

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JOB TITLE

JOB TITLE

DUTIES.....

DUTIES.....

CONTACT NAME

CONTACT NAME.....

CONTACT NO

CONTACT NO.....

LENGTH OF SERVICE

LENGTH OF SERVICE

.....

.....

REASON FOR LEAVING

REASON FOR LEAVING

.....

.....

SOURCE OF INTRODUCTION:

ADVERTISEMENT/JOB CENTRE/RECOMMENDED BY;.....

ADDITIONAL INFORMATION

PLEASE GIVE EXAMPLES OF TYPES OF TRAILERS USED AND EXPERIENCE GAINED

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FLEXIBILITY IS A KEY REQUIREMENT OF THE COMPANY. CONFIRM YOU ARE AVAILABLE TO WORK SHIFT PATTERNS REQUIRED BY THE NEEDS OF THE BUSINESS..... YES / NO

Pre-booked holidays?

NOTE: NEW EMPLOYEES RECEIVE A JOB INDUCTION & FULL TRAINING WHERE REQUIRED. IF YOU LEAVE DURING THE FIRST WEEK, YOU WILL NOT BE PAID FOR TRAINING DAYS.

APPLICANTS SIGNATURE..... DATE.....

INTERVIEWER'S ASSESSMENT

FIRST IMPRESSION

DOES DRIVERS EXPERIENCE FALL WITHIN OUR INSURANCE WARRANTY?

LICENCE HELD FOR MORE THAN 2 YEARS / OVER 25 OR UNDER 65 YEARS
(delete as appropriate)

YES / NO

IF NO HAS INSURER BEEN NOTIFIED YES / NO (delete as appropriate)

TRAINING REQUIREMENTS

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ENGAGED TO COMMENCE ON	POSITION	DEPT
.....

INTERVIEWER'S SIGNATURE.....DATE.....

REJECTED FOR REASON.....