

EMPLOYMENT APPLICATION - HGV DRIVER



PERSONAL DETAILS

Surname _____ Forenames (Mr/ Mrs/ Miss/ Other *) _____
Address _____

Postcode _____
Telephone No. Home _____ Mobile No _____
Email address _____
Date of Birth _____ Nationality _____
Work permit required (Give details) ? Yes / No* _____

DRIVING DETAILS

Licence No. _____ Expiry / / _____
C+E Entitlement ? Yes / No * _____ Expiry / / _____
Any endorsements or pending endorsements (Give details) ? Yes / No * _____
Do you hold a valid digital tachograph card? Yes / No * _____ Expiry / / _____
Do you hold a valid DQC ? Yes / No * _____ Expiry / / _____
Further CPC hours completed since DQC card issued ? Yes/ No * _____ Hours _____
Do you hold a current licence/ certificate to operate Mechanical Handling equipment (Give details) ? Yes / No * _____

Please give details of any motor vehicle accidents in the last 5 years _____

Do you have your own transport to travel to base ? Yes / No * _____

HEALTH

Number of days absent due to sickness in the past 12 months _____
Please give details of any personal accidents @ work/ major illness/ prolonged absence from work in the last 5 years _____

Do you suffer from any long term illnesses or disability (Give details) ? Yes / No * _____

If registered disabled please state registered No _____
Do you have any fear of heights? Yes/ No * _____ * Delete as appropriate

EDUCATION/ QUALIFICATIONS

Secondary/ Further Education	Dates	Examinations passed: Subjects, grades and levels

Please give details of all courses, including dates, attended in previous employment

Please give details of all professional qualifications or membership of professional bodies

LEISURE INTERESTS

What are your main interests or hobbies?

IDEAL JOB CHARACTERISTICS

TO MATCH THE RIGHT CANDIDATE TO THE RIGHT JOB PLEASE CIRCLE YOUR PREFERENCES
 NO PREFERENCE PLEASE CIRCLE ALL OPTIONS)

(IF

- | | | | |
|---------------------------|---------------|----------------|------------|
| Shift pattern: | dayshift | backshift | nightshift |
| Weekend working: | never | when required | every week |
| Geographical Area: | local | | distance |
| Overnights: | never | occasionally | all week |
| Trailers: | curtainsiders | walking floors | tippers |

Detail personal commitments (hobbies/ family) which may effect work _____

EMPLOYMENT DETAILS (Please specify periods of unemployment)

PRESENT EMPLOYER (OR IF UNEMPLOYED LAST EMPLOYER)

1. Name _____ Type of business _____
Address _____

Contact name for reference _____ Telephone No _____
Dates: From _____ To _____ Leaving salary/ wage £ _____ per _____
Position held and main duties/ responsibilities _____

Major achievements _____
Benefits _____
Reason for leaving _____

Notice period _____
When are you available for employment ? _____

PREVIOUS EMPLOYMENT (MOST RECENT POSITION FIRST)

2. Name _____ Type of business _____
Address _____

Contact name for reference _____ Telephone No _____
Dates: From _____ To _____ Leaving salary/ wage £ _____ per _____
Position held and main duties/ responsibilities _____

Reason for leaving _____

3. Name _____ Type of business _____
Address _____

Contact name for reference _____ Telephone No _____
Dates: From _____ To _____ Leaving salary/ wage £ _____ per _____
Position held and main duties/ responsibilities _____

Reason for leaving _____

ADDITIONAL INFORMATION

Please use this section to express reasons for applying for the position and include any information that you feel may support your application.

Please continue on a separate sheet if necessary and attach to this application

ETHNIC ORIGIN

In order to assist us in ensuring that our equal opportunities policy is being adhered to would you please indicate your ethnic origin by circling the appropriate description below;

Bangladeshi Black African Black Caribbean Black Other Chinese Indian Pakistani White Other
(please specify)

CRIMINAL CONVICTIONS

Have you been convicted of a criminal offence? Yes / No *

If 'yes' please give particulars. (Details need not be given if the offence or conviction is treated as 'spent' by virtue of the rehabilitation of Offenders Act 1974.)

OTHER INFORMATION

Do you have any friends or relatives who work / have worked for this company? Yes / No *

If so, please give details

REFERENCES

(professional & personal reference required)

Name: _____

2 Name: _____

relationship: _____

relationship: _____

address: _____

address: _____

tel no: _____

tel no: _____

DECLARATION

Employment is conditional on satisfactory references and the Company reserves the right to ask the individual to undertake a medical. The Company will not take up any references from your current employers without prior permission. I understand that misrepresentation or omission of the facts called for herein will be sufficient cause for cancellation of consideration for employment, or dismissal from the Companies service if I have been employed.

I HAVE ATTACHED A GENUINE COPY OF MY HGV DRIVING LICENCE (BOTH SIDES OF LICENCE CARD) + DQC

Sign _____ Date _____