

Vehicle Drivers Application Form



Position Applied For :
Location :

Personal Details	
Surname :	First Name(s) :
Address :	
Home Telephone :	Mobile :
Email Address :	
Date Of Birth (Insurance Purposes) :	
Age :	
National Insurance Number :	
Do you need a work permit to take up employment in the UK? YES/NO	

Ordinary Driving Licence	
Licence No :	Groups/Categories :
Valid From :	Valid to :
Date Driving Test Passed :	

LGV Licence	
Licence No :	Medical due :
Groups/Categories	Date LGV passed :
Valid from :	Valid to :
Driver CPC Card valid to :	Digi Card valid to :

Please give details of any traffic Violations in last 5 years :

Date	Endorsement Code	Fine/Penalty Points/Suspension	Offence

Driver Training Experience

Have you taken any form of advance/defensive driver training? **YES/NO**

If **YES**, give details :

Please give details of any traffic accidents during the last 5 years :

Date	Brief Description

Additional Qualifications/Experience

Have you had any experience or do you hold any qualifications in any of the areas below.

Please give brief details

Commercial Vehicle types :
Fork Lift Truck :
Tail Lifts :
Hazardous Chemicals :
Other - specify

Medical

Do you have a DVLA notifiable condition? **YES/NO**

If yes, has the condition been reported? **YES/NO**

Is your vision impaired? **YES/NO**

When was eyes last tested? Date :

Is your hearing impaired? **YES/NO**

Are you currently taking any medicines or prescribed drugs that may cause drowsiness or otherwise impair your driving? **YES/NO**

Employment History

Please list starting with the most recent, all organisations you have worked for during the last 20 years

Name(s) and address(s) of Employer(s)	Dates From - To	Position Held/Main Duties	Reason For Leaving

Are you willing to work overtime and weekends when required? **YES/NO**

Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation Of Offenders Legislation)? **YES/NO**

If **YES**, please give further information :

Salary range expected :

How much notice are you required to give your current employer ?

Have you worked for Bullet Express Ltd before? **YES/NO**

If **YES**, please give details for leaving :

Are you currently subject to any contractual "restraints of trade" clauses? **YES/NO**

If **YES**, please give details:

Please give details of any holidays arranged :

Supplementary Information

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment.

References

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must be a previous employer)

Referee 1

Referee 2

Can we approach your present/most recent employer? **YES/NO**

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

Declaration of applicant :

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation processing the information contained herein. I understand that, if successful, the information will be used to form any personal record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for a maximum of 6 months, and they may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed :

Date:

For Office use ONLY	Interview Record
Interviewed by:	Date :
Comments/Area's to examine:	
Decision : ACCEPT/FURTHER INTERVIEW/REJECT	
Interviewer's report and reason for decision:	
Rejection letter sent : YES/NO	
Driving Licence checked by :	
Permitted to drive : Cars-3.5T 7.5t 18t Rigid 44t Unit	
Signed :	Date:

Appointment Record (to be completed where there has been an offer of employment)	
Conditional Offer Letter	
Date Sent :	Response:
Acceptance/Refusal/No Reply	
Request For References	
Date Sent :	Response:
Good/Satisfactory/No Reply/Unsuitable	
Medical Report	
Date Sent :	Response:
Good/Satisfactory/No Reply/Unsuitable	
Other Conditions	
Further proof of N.I. number or right to work requested :	
Starting Date :	Grade :
Starting salary :	Job Title :
Personnel/Clock Number :	