



APPLICATION FOR EMPLOYMENT
ATTACH A COPY OF YOUR PAPER LICENCE

Name:-

Address:-.....

.....

..... **Postcode:-**.....

Telephone No Home:-..... **Mobile:-**.....

Marital Status:-..... **No of Dependants:-**..... **No of Children:-**.....

Do You Require A Work Permit To Work In The UK? Yes / No (Delete one)

Do you have a current UK Driving Licence? Yes / No (Delete one) (Attach copy)

Do you have a current driver CPC? Yes / No (Delete one) (Attach copy)

If No please provide how many hours training you require

Have you got at least two years Class one experience? Yes / No (Delete one)

If yes, do you have any endorsements/convictions? Yes / No (Delete one)

If yes, please give details:-.....

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Do you have a current Digital Tacho Driver's Card? Yes / No (Delete one)

Attach a copy of driver card

Expiry Date:-.....

Are you ADR certified to carry Hazardous cargo? :- Yes / No (Delete one)

Attach a copy of ADR certificate

If yes, please give details:-.....

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Expiry Date:-.....

Do you possess any container driving experience? Yes / No (Delete one)

If yes, please give details:-.....

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Please give details of your current / previous employment history beginning with the most recent.

Employers Name & Address:-.....
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.....

Telephone No:-.....Name of Contact:-.....

Your Position:-.....Time in Post:-.....

Start Date (approx):-.....Finishing Date:-.....

Current / Leaving wage or salary:- £..... per week or £..... per annum

Reason for leaving / why dissatisfied now if this is your current employer:-
.....
.....

Employers Name & Address:-.....
.....
.....

Telephone No:-.....Name of Contact:-.....

Your Position:-.....Time in Post:-.....

Start Date (approx):-.....Finishing Date:-.....

Leaving wage or salary:- £..... per week or £.....per annum

Reason for leaving:-.....
.....
.....



Employers Name & Address:-.....
.....
.....

Telephone No:-.....**Name of Contact:-**.....

Your Position:-.....**Time in Post:-**.....

Start Date (approx):-.....**Finishing Date:-**.....

Leaving wage or salary:- £..... per week or £..... per annum

Reason for leaving:-.....
.....
.....

Employers Name & Address:-.....
.....
.....

Telephone No:-.....**Name of Contact:-**.....

Your Position:-..... **Time in Post:-**.....

Start Date (approx):-.....**Finishing Date:-**.....

Leaving wage or salary:- £..... per week or £..... per annum

Reason for leaving:-.....
.....
.....

Employers Name & Address:-.....
.....
.....

Telephone No:-.....**Name of Contact:-**.....



Your Position:-..... Time in Post:-.....

Start Date (approx.):-.....Finishing Date:-.....

Leaving wage or salary:- £..... per week or £..... per annum

Reason for leaving:-.....

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REFERENCES

Please give the names of two people we can contact for a reference, preferably from a previous employer.

Name..... Company.....

Position..... Tel No.....

Address.....

..... Postcode.....

Name..... Company.....

Position..... Tel No.....

Address.....

..... Postcode.....

HEALTH

Is there anything concerning your medical history or state of health that is relevant to this application?

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SICKNESS RECORD



How many days have you been absent from work over the last two years?
Please list details below:-

Date	No of Days	Reason
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.....
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Rehabilitation of Offenders Act, 1974

Please give details of any unspent convictions or cautions you have under the terms of the Rehabilitation of Offenders Act, 1974.

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DECLARATION

I declare that the information contained within this application is complete and correct. I understand that if I have knowingly provided false information or withheld relevant details, this could lead to dismissal without notice.

Signature:-.....

Date:-.....