

Driver Application Form

Section A - Applicant Details			
Driving Entitlement	C <input type="checkbox"/> C+E <input type="checkbox"/>	Next of Kin	
Surname		Name	
Forename		Relationship	
Address		Address	
	Postcode		Postcode
Landline		Landline	
Mobile		Mobile	
Date Available to start		Marital Status	
Holidays Booked		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Own Transport	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade Union Member	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section B - Personal Preferences			
Depot Location	Potto <input type="checkbox"/> Stockton-on-Tees <input type="checkbox"/> Knottingley <input type="checkbox"/> St. Neots <input type="checkbox"/>		
Basis	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	Shift	Days <input type="checkbox"/> Nights <input type="checkbox"/>
Nights Out	Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>		
Shift Pattern	Thu / Fri / Sat / Sun / Mon / Tue / Wed / Thu / Fri / Sat / Sun / Mon / Tue / Wed		
Section C - Qualifications and Previous Employment			
Please provide details of Qualifications and Experience			

Would you require training in the use of Chains / Bottle tensioners and restraint of Steel sections / Fabrication loads?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you experience in Sheeting / Roping / Extendable trailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a valid Fork lift certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold any of the following Induction Cards?	TATA / Wilton / Teesport / ASDA / British Sugar	

Please provide details of your previous 3 employers

Employer	Duties Undertaken	Start/End Dates	
		Start	End
		Start	
		End	
		Start	
		End	
		Start	
		End	

I agree to the company policy of payment of wages via the bank

Signed		Date	
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Section D - Insurance & HGV Licence Questionnaire

Driving Licence Details

Name		ADR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Number		ADR Expiry		
Expiry Date		ADR Classes		

Questionnaire

1. Have you resided in the British Isles for less than 3 consecutive years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been involved in any motor accidents during the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been convicted of any motoring offences during the past 11 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is any prosecution pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you suffer from diabetes, epilepsy, defective hearing or vision, heart condition, any physical or mental disorder, infirmity or disease that may prevent you from holding an LGV licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever had any motor vehicle insurance you hold or have held declined, cancelled or refused at normal terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is Yes then full details must be supplied

Details	
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Section E - Declaration

I hereby warrant and declare that the previous statements and particulars are true and that there is no material fact that should be disclosed. I agree to advise immediately any changes in particulars. I consent to the company's policy of checking driving licenses online.

Signed		Date	
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Once complete please return to Ritchie Stuart
E: rs@prestons-potto.com