

Stan Smith & Sons Ltd

Drivers'
Application Form

Personal Details

Surname: _____

First names: _____

Full Address: _____

Post code: _____

Contact Numbers: Mobile: _____ Home: _____

Email address: _____

Do you need a work permit to take up employment in the UK? Yes: ___ No: ___

If YES please detail: _____

Please note that as required by the Asylum and Immigration Act 1996 all candidates invited to interview will be required to produce evidence of their eligibility to work in the UK.

Date of Birth: _____ Are you a SMOKER? Yes: ___ No: ___

Please summarise briefly why you would like to become part of the Smiths' team:

The information you supply in this form will be treated in the STRICTEST confidence.

Your Medical History

It is important that you FULLY complete this section, and that the CORRECT Information is given. Where necessary details provided should be verifiable by your DOCTOR.

1. In the last FIVE years, have you consulted a Hospital or Specialist, or been referred to an Outpatient on problems in any of the following areas? (please tick)

None ___ Eyes ___ Respiratory ___ Circulatory ___ Skin ___ Joints and Bones ___

2. In the last TWO years, have you consulted a Doctor or any other health professional regarding any of the following (please tick)?

None ___ Eyes ___ Respiratory ___ Circulatory ___ Skin ___ Joints and Bones ___

3. Are you colour blind? Yes: ___ No: ___

If Yes, please detail: _____

4. Do you require glasses for driving? Yes: ___ No: ___

5. Do you require medication on a regular basis? Yes: ___ No: ___

If Yes, Please detail: _____

Training and Qualifications

Please detail any qualifications obtained or training undertaken, including the approx. date and result (for instance FLT HIAB)

Subject:	Exam/Course:	Approx. date:	Result:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver Card Details

Digital Driver Card details must be provided. Failure to complete all sections will result in your application being rejected. Inserting 'Card Applied For', or similar wording, will NOT be accepted.

Valid FROM (4a): _____ Valid TO (4b): _____

Licence No. (5a): _____

Card No. (5b): _____

Your Licence Details

Licence No: _____

Expires: _____

LGV Class(es): _____

LGV Expiry: _____

Total LGV Years: _____

Does your licence carry current endorsements? Yes: ____ No: ____

If YES, Please Detail _____

Your Employment History

Please give details of your employment history over AT LEAST the last five years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history (if you have insufficient space please photocopy this page and continue on the fresh sheet, attaching it to this form securely).

Employer/address: _____

Telephone No: _____

Job Title: _____

Period: From: _____ To: _____

Salary: £ _____ PA Take home: £ _____ PW

Employer/address: _____

Telephone No: _____

Job Title: _____

Period: From: _____ To: _____

Salary: £ _____ PA Take home: £ _____ PW

Employer/address: _____

Telephone No: _____

Job Title: _____

Period: From: _____ To: _____

Salary: £ _____ PA Take home: £ _____ PW

Your Driving Experience

Please detail your driving experience, including vehicle types, route types, equipment and frequency of use.

ADR Expiry date: _____ Category: _____

Supplementary Information

Are you willing to work overtime and weekends when required? Yes: ___ No: ___

Do you have any pre-existing commitments which may limit your working hours? (for instance military reserve, local government etc.) Yes: ___ No: ___

If Yes, Please Detail: _____

Are you subject to any restraints which may affect your current or Future employment? Yes: ___ No: ___

If YES, Please Detail: _____

Do you have any pre-existing holidays arranged? Yes: ___ No: ___

If YES, Please Detail: _____

If offered a position, how much notice must you give your current employer? _____ days

Have you ever been convicted of a Criminal Offence? (which is not, now 'spent' under the provision of the Rehabilitation of Offenders Act, 1974) Yes: ___ No: ___

If YES, Please Detail: _____

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References

Please give details of TWO Referees, BOTH must be previous employers, one MUST be your CURRENT EMPLOYER. (Please note that your current employer WILL NOT under any circumstances be contacted until you have been offered, and confirmed acceptance of a job with Stan Smith & Sons Ltd).

REFEREE ONE

Name: Mr/Mrs/Miss/Ms _____

Position: _____

Company: _____

Full Address: _____

_____ Post Code: _____

Contacts: Phone: _____ Fax: _____

Email: _____

Position referred to: _____ Dates held: _____

REFEREE TWO

Name: Mr/Mrs/Miss/Ms _____

Position: _____

Company: _____

Full Address: _____

_____ Post Code: _____

Contacts: Phone: _____ Fax: _____

Email: _____

Position referred to: _____ Dates held: _____

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