

Please return application form to;
S&K Haulage Glamorgan Ltd, David Davies Road, Port of Barry, CF63 4AB

DRIVER APPLICATION FORM DATE _____

First Name: _____ Telephone No: _____

Surname _____ Mobile No: _____

Address _____ Nat INS _____

_____ Married Single

_____ DOB _____

Postcode: _____ Do you own your own home or rent.

Email Address: _____

Are you willing to join the Company Pension Scheme *Yes No*

Next of Kin Details:

Name: _____ Relationship: _____

Address: _____ Telephone No: _____

_____ Post Code: _____

Driving License Details:

License. No: _____ Issued By: _____

Issued Date: _____ Expiry Date: _____

ADR Trained *Yes No* Expiry Date: _____

Have you any Motoring Convictions? *Yes No*

Conviction: _____ Points: _____

Conviction: _____ Points: _____

Conviction: _____ Points: _____

Do you have a driver CPC Card *Yes No*

How many training hours have you completed? _____

Do you have a Digital Tachograph card *Yes No*

Do you speak any Foreign Languages? *Yes No.* If yes please state: -

Further Education or Training

Name and address of college	Dates	Studied	Level	Grade

Previous Employment Details

Name of Employer: _____ From: _____

Address: _____ To: _____

Telephone No: _____ Contact Name: _____

Salary: _____ Reason for leaving: _____

Name of Employer: _____ From: _____

Address: _____ To: _____

Telephone No: _____ Contact Name: _____

Salary: _____ Reason for leaving: _____

Name of Employer: _____ From: _____

Address: _____ To: _____

Telephone No: _____ Contact Name: _____

Salary: _____ Reason for leaving: _____

Have you ever been dismissed from employment? *Yes / No* (If yes please state reasons below):

General Medical Questionnaire

PLEASE COMPLETE THE QUESTIONNAIRE BELOW. THE INFORMATION IN THIS SECTION WILL BE KEPT PRIVATE & CONFIDENTIAL

AND WILL BE USED TO PROTECT THE HEALTH OF YOURSELF AND OTHERS. DUE TO THE DETAIL YOU DECLARE THERE MAY BE A REQUIREMENT TO REFER YOU TO A DOCTOR/OCCUPATIONAL HEALTH PRACTITIONER (APPOINTED BY THE COMPANY) FOR A MEDICAL EXAMINATION.

NAME OF PERSON COMPLETING THE FORM: _____

Can you read a number plate of a distance of 20.5m:

Were corrective lens worn, if they must be used whilst driving at all times. Yes No

1. Have you ever:	Yes	No	Details
<i>Had an operation?</i>			
<i>Had a claim for a work-related injury?</i>			
<i>Been seriously injured?</i>			
<i>Been refused or dismissed from employment for health reasons?</i>			
<i>Received in-patient treatment for a physical condition?</i>			
<i>Received in-patient treatment for a mental condition?</i>			
<i>Been refused a driver's licence because of ill health?</i>			

2. Please tick Yes or No in relevant box:	Yes	No	Details
<i>Do you take medicine regularly?</i>			
<i>Do you smoke?</i>			
<i>Do you need glasses for work?</i>			
<i>Have you ever had, or do you now have a dependence on or misuse of alcohol, illegal drugs or chemical substances in the past 3 years?</i>			
<i>Have you ever had, or do you now have a dependence on or misuse of prescription drugs in the past 3 years?</i>			
<i>Have you ever worked in a noisy environment?</i>			
<i>Have you ever had a head injury?</i>			
<i>Do you suffer from any other ailments?</i>			

3. Do you or have you ever suffered from: (Please tick Yes or No in relevant box)

	Yes	No		Yes	No
<i>Type 1 or 2 Diabetes</i>			<i>Arthritis</i>		
<i>High Blood Pressure</i>			<i>Epilepsy/Fits</i>		
<i>Asthma</i>			<i>Shortness of Breath</i>		
<i>Frequent Coughs</i>			<i>Skin Rashes/Eczema</i>		
<i>Rheumatic Fever</i>			<i>Anaemia</i>		
<i>Frequent Headaches</i>			<i>Hay fever</i>		
<i>Heart Problems</i>			<i>Jaundice</i>		
<i>Chest Problems</i>			<i>Swelling Legs/Ankles</i>		
<i>Fainting and Dizziness</i>			<i>Prostate Problems</i>		
<i>Varicose Veins</i>			<i>Ear Trouble</i>		
<i>Back or Joint Problems</i>			<i>Eye Trouble</i>		
<i>Rupture</i>			<i>Nerve Trouble</i>		
<i>Vertigo</i>					

I confirm the details provided on this form are correct. I understand that submission of incorrect information may lead to disciplinary action including dismissal.

I consent to processing under the general data protection regulation (GDPR) 2018 by the company of sensitive personal data by me on this form.

Signature:

Date:

Disability

Please describe any disability that is relevant to your application, as we need to know what practical steps we may need to take for an interview and for you to work with us.



Comments,

What is your Height _____ What is your Weight _____

Declaration

Have you ever been convicted of a criminal offence? Yes No
If Yes please give full details

Do you have any objection to the company carrying out a Criminal records Check? Yes No

DECLARATION

Have you ever been involved in a tobacco seizure with United Kingdom Border Agency or Customs & Revenue? Yes No

Declaration.

Have you ever been involved with an incident involving clandestines or illegal immigrants? Yes No

Details _____

Have you in the last five years been involved in a road traffic accident? Yes No

Details _____

I confirm that the information I have given on this form is true and correct. If I were to be employed having submitted information that was found to be false in any way, I understand that I could lose my job. I understand that an offer of employment could be subject to the receipt of satisfactory reference and medical clearance.

Signed: _____ Date: _____

Driver questionnaire.

How many years have you had a class one C+E licence? _____

What trucks have you driven? _____

What countries of Europe have you driven in? _____

How long are you prepared to stay away from home? _____

Holiday entitlement is 28 days. (Including Bank Holidays). How would you wish to take them? _____

How good is your spoken English? Please tick one of the following.

Good. _____ Fair. _____ Poor. _____

How good is your written English? Please tick one of the following.

Good _____ Fair _____ Poor _____

Have you driven right hand drive vehicles Yes No

Have you driven left hand drive vehicles Yes No

Are you familiar with use of the Tachograph and EC Tachograph law? Yes No

Are you prepared to take a driving assessment with a right hand drive vehicle? Yes No

If successful how long notice must you give to your present employer? _____

And when would you be available for work? _____

Wages are paid in (£) pounds into a Bank Account weekly will this be OK

Do you drink Alcohol yes/no If yes how many units per week _____

Please write below any further information you would like us to take into consideration about yourself.

Bank Details (To be filled in when accepted employment)

Name Account Payable: _____

Account No: _____

Sort Code: _____

Bank: _____

Bank Address: _____

Email Address for wage slip: _____

Signed: _____

(To be filled in by Interviewer)

INTERVIEW REPORT

Name: _____

Position: _____

Interview Date: _____ Interviewers: _____

Accepted: _____ Start Date: _____

Interview Comments: _____

Signed: _____