



**DRIVERS APPLICATION FORM FOR EMPLOYMENT**

**FRIEND RECOMMENDATION:**  **NAME:**

**PERSONAL DETAILS:**

**Please use black ink and complete in block capitals**

SURNAME: Mr/Mrs/Ms/Other: \_\_\_\_\_

FORENAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POST CODE: \_\_\_\_\_ National Insurance No: \_\_\_\_\_

CONTACT No's: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

TYPE(s) OF WORK PREFERRED (please tick):

Day Shift  Night Shift  Full-Time  Part-Time  Tramping

Location Applied For: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ Do you need a work permit to take up employment in the UK: YES/NO

If YES please give details: \_\_\_\_\_

Do you have any criminal convictions which would not be regarded as SPENT under the Rehabilitation of Offenders Act 1974? If YES please specify:

**YOUR LICENSE DETAILS:**

Do you have a current LGV driving license? YES  NO

Your LGV License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Details of any endorsement on your current license: \_\_\_\_\_

Are you ADR qualified? YES  NO  Date due for renewal: \_\_\_\_\_

Do you have a Driver Qualification Number (CPC): YES  NO

Your Driver Qualification Card Number (CPC): \_\_\_\_\_

Total number of hours completed toward Driver's CPC: \_\_\_\_\_

Do you have a current Fork Lift Certificate(s) Type(s)? YES  NO

Date(s) taken: \_\_\_\_\_

Have you ever been disqualified from driving due to drink driving or drugs offence? YES  NO

If YES please give details: \_\_\_\_\_

Are there any charges outstanding for which no penalty has been awarded or court hearing taken place?

YES  NO

## TRAINING & QUALIFICATIONS:

Please detail any qualifications obtained or training undertaken, including the approximate date and result (e.g. FLT HIAB):

Subject:	Exam/Course:	Approx Date:	Result:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## YOUR EMPLOYMENT HISTORY:

Please provide details of your employment history for the past 2 years, giving your most recent position **FIRST** and working backwards, explaining clearly **ALL** gaps in your employment history. Your career history will be subject to a thorough check. If you have insufficient space, please continue on a separate sheet, being careful to attach it to this form securely.

**1. EMPLOYER'S NAME & NATURE OF BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_ Basic pay: \_\_\_\_\_

**2. EMPLOYER'S NAME & NATURE OF BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_ Basic pay: \_\_\_\_\_

**3. EMPLOYER'S NAME & NATURE OF BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_ Basic pay: \_\_\_\_\_

**4. EMPLOYER'S NAME & NATURE OF BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_ Basic pay: \_\_\_\_\_

**5. EMPLOYER'S NAME & NATURE OF BUSINESS:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT No: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_ Basic pay: \_\_\_\_\_

## SUPPLEMENTARY INFORMATION:

1. Are you subject to any restraints which may affect your current or future employment?

YES  NO

If YES please give details: \_\_\_\_\_

2. Have you ever worked for RCL before?

YES  NO

If YES please give details: \_\_\_\_\_

3. Do you have any pre-existing holidays booked?

YES  NO

If YES please give details: \_\_\_\_\_

4. If offered a position at RCL, how much notice must you provide to your current employer?

Notice Period: \_\_\_\_\_

## REFERENCES:

**Please give details of TWO referees, BOTH must be previous employers, one MUST be your CURRENT/MOST RECENT 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 RCL).

### Referee ONE:

Mr/Mrs/Miss/Ms (Full Name): \_\_\_\_\_ Position Held: \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT No: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Referee TWO:

Mr/Mrs/Miss/Ms (Full Name): \_\_\_\_\_ Position Held: \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT No: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## DATA PROTECTION ACT 1988:

The information provided in this application may be copied for use. If your application is successful, relevant information may be taken from this form and used as part of your personal record.

## DECLARATION:

I confirm that the information supplied in this document is CORRECT. I understand that any false or misleading information or deliberate omissions will disqualify me from, or render me liable to dismissal from the employment of Roadways Container Logistics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_