

Class One Driving HGV Application Form



PLEASE COMPLETE ALL FIELDS ON THIS FORM ENSURING THAT ALL INFORMATION IS CORRECT TO THE BEST OF YOUR KNOWLEDGE – IF A SECTION DOES NOT APPLY TO YOU, PLEASE ENT N/A – BLANK SECTIONS MAY DELAY YOUR APPLICATION.

Section 1 Personal Details

Title		Last Name	
First Name(s)			
D.O.B			
Place of Birth			
Address			
Postcode			
Home Telephone Number			
Mobile Telephone Number			
Email address			
Passport Number			
Country of Issue			
N.I Number			
Marital Status	Single/Married/Divorced/co-habiting		

Section 2 Right to Work

Do you have the right to take up employment in the UK and, if necessary, do you have a work permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Section 3 Driving Licence

Do you have a driving licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, what kind of licence?				
If HGV, is it Class 1 or Class 2	<input type="checkbox"/>	Class 1	<input type="checkbox"/>	Class 2
Do you have your own transport?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any endorsements? If yes please list below	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Code		Date	
Code		Date	
Code		Date	
Have you ever been disqualified from driving? YES / NO			
If yes, please give details below.			

Do you have a driver CPC? YES / NO
Date CPC was issued:
Renewal Date:

Section 4 Driving Experience

Please give details about the type of driving experience you have (work, vehicle etc.)

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Section 5 Education & Qualifications

Date From	Date To	Name of Establishment	Examinations taken & Qualifications Gained (Specify Grades)

Section 6 Employment History

Please give details of the last three jobs, beginning with your present or most recent. Any relevant posts before then may also be mentioned.

Name & Address of Employer	Date From	Date To	Job Title & Description & Responsibilities	Reason for Leaving

Section 7 Accident History

Date of Accident	Who was Responsible	Brief Details

Section 8 Other Information

Have you made a previous application to the company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
How many weeks / months notice do you have to give your current employer?				
If you are disabled, please give details of any special arrangements you would require to attend an interview?				

Section 9 Job Preferences

Regular nights	<input type="checkbox"/>	<input type="checkbox"/>
Regular days no nights out	<input type="checkbox"/>	<input type="checkbox"/>
Tramping, distance with nights out	<input type="checkbox"/>	<input type="checkbox"/>
Flexible no nights out	<input type="checkbox"/>	<input type="checkbox"/>
Flexible with nights out	<input type="checkbox"/>	<input type="checkbox"/>

Section 10 Medical Questionnaire

Date of Birth			
Name of GP			
Address of GP			
Postcode			
Has your employment ever been terminated on the grounds of ill health? If yes, please give details below.	<input type="checkbox"/>	Yes	<input type="checkbox"/>
What is your height?		What is your weight?	
Do you smoke?		What is your weekly alcohol consumption?	
Are you currently taking prescribed medicine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Approximately how many days/weeks sickness absence have you had in the last 12 months?			
Are you currently suffering from or have suffered from any of the below?			
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Lung Disease
<input type="checkbox"/>	Stomach Trouble	<input type="checkbox"/>	Joint Problems
<input type="checkbox"/>	Jaundice / Hepatitis	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Headaches / Migraines	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Stress	<input type="checkbox"/>	Kidney / Bladder Problems
<input type="checkbox"/>	Serious Accident	<input type="checkbox"/>	Depression / Anxiety
<input type="checkbox"/>	Hernia or Rupture	<input type="checkbox"/>	Surgical Operations
<input type="checkbox"/>	Back / Neck Problems	<input type="checkbox"/>	Hearing / Sight Problems
<input type="checkbox"/>	Fits / Epilepsy	<input type="checkbox"/>	Mobility Problems
<input type="checkbox"/>	Skin Problems		

Section 11 Referees

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to provide these, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1

Reference 2

Name

Their Position
(Job Title)

Work Relationship

Organisation

Dates Employed

Address

Postcode

Telephone No:

Email Address

To

Name

Their Position
(Job Title)

Work
Relationship

Organisation

Dates Employed

Address

Postcode

Telephone No:

Email Address

To

Section 12 Interests, Hobbies & Sports

Please give details of any interests you have or hobbies / sports that you take part in.

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Section 13 Criminal Record

Please give details of any criminal convictions except those spent under the 'Rehabilitation of Offenders Act 1974'

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Section 14 Declaration

Please carefully read the paragraph below and sign and date the form.

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the company processing the data supplied on this application form for the purpose of recruitment and selection.

Signed

Date

Class One Driving Ltd undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Class One Driving Ltd may keep your details on file pending suitable opportunities that may arise in the future.

Please tick if you do not wish us to hold your details. []

Please return your completed form along with a copy of your driving licence 2 passport size photo's and passport:

**Class One Driving Ltd
1 Paternoster Row,
Noak Hill
Romford
Essex
RM4 1LA**

OFFICE USE ONLY

Start Date

Salary

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Please provide details below of further information Class One may need to know in case of an emergency:

Next of Kin:

Telephone Number

Relationship

Emergency Contact Number if different:

Emergency Contact Name

Relationship

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All workers/sub contractors are paid weekly by close of business on the Friday following the week that you worked.

BANK OR BUILDING SOCIETY DETAILS

BANK/BUILDING SOCIETY

BRANCH

ACCOUNT NUMBER: SORT CODE:-.....-.....

ACCOUNT NAME (as it appears on your cheque book)

.....

BUILDING SOCIETY REFERENCE:

ANY CHANGES TO YOUR BANK DETAILS MUST BE NOTIFIED IN WRITING.

CLASS ONE DRIVING LIMITED ACCEPTS NO RESPONSIBILITY FOR LATE PAYMENT SHOULD YOU FAIL TO DO SO IN TIME OR FOR MISSING PAYMENTS THAT RESULT FROM SUCH.