

**J W MORRISON HAULAGE CONTRACTOR**

**LGV DRIVER APPLICATION FORM**

**PERSONAL DETAILS**

FULL NAME (including middle names)	
ADDRESS (including post code)	
HOME TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS	

DATE OF BIRTH	
MARITAL STATUS	
HAVE YOU RESIDED OUTSIDE THE UK IN THE LAST 3 YEARS? (If yes give details of where and for how long)	

**Employment History ( Insert details of current and previous employers)**

<u>Employer</u>	<u>Address</u>	<u>Job title</u>	<u>Start Date</u>	<u>Leaving Date</u>	<u>Reason for Leaving</u>

Notice period required for current Employer .....

**Driving Experience**

Please give a brief account of your previous driving experience below, e.g. types of vehicle driven, types of load carried and the geographical area covered.

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Driving Licence Number .....Licence Type - Cat. C  Cat C+E

Licence Photo Card Valid from .....Valid to.....

Licence Category Entitlement Valid from.....Valid to.....

Date Passed Test .....

Medical Due Date .....

**Note:**

**If you are invited for an interview you will be required to allow us to verify your driver licence details on the DVLA website.**

Do you hold a Drivers Tachograph Card...Yes/No

**Driver Training History**

Driver Qualification Card Expiry date:	
How many hours DCPC have you completed out of the required 35 hours to qualify for your card renewal?	

**Please list all DCPC courses that will count towards your DCPC card renewal:**

Course Name	Course Date	Training Company	Course length (e.g. 7 hrs)

Do you hold an EPIC Driver's Skill Card? (**required for all aggregate drivers**) - Yes/No

If yes please give the card expiry date:

Have you completed Vulnerable Road Users Training? (**required for all aggregate drivers**) - Yes/No  
If yes, where and when did you receive training?

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**Please list any additional qualifications or LGV driver training received (other than DCPC)**

Course Name	Course Date	Training Company

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Would you be prepared to stay out overnight in a vehicle with a sleeper cab?

Yes/No.....

Are there any restrictions on how often you could do this?

.....

**Convictions**

Have you had any motoring convictions in the last five years, including enquires or prosecutions pending but excluding 'spent' convictions under the rehabilitation of offenders act 1974? (If yes please full details below).

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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<b><u>Details:</u></b>     
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**Licence Endorsements**

Date	Offence	Endorsement Code	Fine/Penalty Points
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Have you ever been convicted of or charged but not tried with a Criminal offence other than motoring offences and spent convictions under the rehabilitation of offenders act 1974?

Yes / No (If yes, please give details below)

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**PLEASE GIVE DETAILS OF ANY TRAFFIC ACCIDENTS DURING THE LAST 5 YEARS**

<u>Date</u>	<u>Brief description of accident</u>

**Medical History**

Are you in good health? If no please give a short description Yes/No

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Is your vision impaired? Yes/No

Is your hearing impaired? Yes/No

Have you ever received treatment for **diabetes**? Yes/No

Have you ever received treatment for **epilepsy**? Yes/No

Do you suffer from any illness or disability, which could affect your ability to drive? If yes please give details.

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 .....  
 .....

Are there any medical restrictions attached to your licence by the DVLA? Yes/No

If yes please give details.....

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**NOTE:** If you are offered a driving position you will be required to complete a Pre-Employment Health Questionnaire.

**Insurance History**

Have you ever personally been,

A) Declined a proposal, Yes/ No

If yes, please give details

.....  
 .....

B) Required increased premium or imposed special terms Yes/No

If yes, please give details

.....  
 .....

C) Cancelled or not invited renewal of any policy Yes/No

If yes, please give details

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 .....

Please access the DVSA website [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) to create **a licence 'check code'** to allow us to view your Licence details on the DVSA website. The code will be case sensitive so please copy it accurately e.g. HbRhfp7g. You hereby consent to us taking a photocopy of these details for the purposes of processing your application.

Insert DVSA Licence Check Code here:-
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**I certify that the above details are true and correct and that no information that could be relevant to this application has been withheld. I consent to you retaining my personal data in terms of the Data Protection Act 1998 for the purposes of processing my application or in connection with my employment if the application is successful.**

**Applicant Signature**.....**Date**.....

Office use only:	
DVSA Authorisation Code:	
Verified by:	
Date:	