

# J W MORRISON HAULAGE CONTRACTOR

## LGV DRIVER APPLICATION FORM

### GDPR Privacy Notice

Please refer to our Job Applicant Privacy Notice before completing this application form.

### Personal Information

Full Name (including middle names):		Address (including post code):	
Home Telephone number:		Mobile telephone Number:	
Date of birth:		Email Address:	
Nationality			
Are you eligible to work in the UK?	Yes/No		
Work permit required?	Yes/No		
Any restrictions on working in UK?	Give details		
Have you resided outside the UK in the last 3 years?		Give details:	
Do you have your own transport?		Yes	No
Will you stay in sleeper cab overnight?	1 night per week		3 nights per week
	2 nights per week		4 nights per week
Have you driven a tipper vehicle before?		Yes/No	

### Employment History

*Insert details of current and previous employers If more than 4 employers in the last 10 years please give details on a separate sheet.*

#### **PRESENT/LAST EMPLOYER**

Name	
Address	
Type of Business	
Start date	Leaving Date
Position held, vehicle driven and main duties/responsibilities	

Reason for Leaving		
Current/ Leaving wage (gross before tax) £                    per week/month/year (excluding benefits or overnight subsistence payments)	Holiday Entitlement	
Current Shift Pattern	Current Hours worked	
Other Benefits/ overnight subsistence	Notice Period	
Pre-booked holidays (give dates)		
Contact for Reference	Name:	Tel No:

**Previous Employment (Most recent first)**

Name		
Address		
Type of Business		
Start date	Leaving Date	
Position held, vehicle driven and main duties/responsibilities		
Reason for Leaving		

Name		
Address		
Type of Business		
Start date	Leaving Date	
Position held, vehicle driven and main duties/responsibilities		
Reason for Leaving		

Name		
Address		
Type of Business		
Start date	Leaving Date	
Position held, vehicle driven and main duties/responsibilities		
Reason for Leaving		

**Driving Licence Details**

Licence Number:	Cat C: YES/NO	Cat C+E: YES/NO
Licence Card Expiry date:		
HGV Entitlement Expiry date:		
Date Passed Class C Test:	Date Passed Class C + E Test:	
Drivers Tachograph Card Expiry 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.**

**Driver CPC and other training**

Driver Qualification Card Expiry date:	
DCPC hours completed out of the required 35 hours required for 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 a Driver's Skill Card (EPIC)? (**mandatory for all aggregate drivers**) - Yes/No

If yes, please confirm the expiry date:

Have you completed Vulnerable Road Users Training? (**mandatory for all aggregate drivers**) - Yes/No

If yes, please confirm the expiry date

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

Course Name	Course Date	Training Company

## **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 give full details below).

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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### **Details:**

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## **Licence Endorsements**

Date	Offence	Reason	Fine and Penalty points

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

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## **Traffic Accidents in the last 5 years**

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

## **Medical History**

If your application is successful you will be asked to complete a pre-employment health questionnaire. If you wish to disclose any health issues which would be relevant to your job application please give details below:

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## **References**

Please provide details of 2 employment referees. By completing the information below you are giving your consent for these referees to be contacted should your application be successful.

Name of Referee		Name of Referee	
Company		Company	
Position		Position	
Address		Address	
Contact Number		Contact Number	
Email Address		Email Address	

**I certify that the above details are true and accurate and that no information that could be relevant to this application has been withheld. I consent to you retaining my personal information in terms of your GDPR Job Applicant Privacy Notice for the purposes of processing my application or in connection with my employment if the application is successful.**

<b>Applicant's signature:</b>	<b>Date:</b>
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