

JOHN PHILLIPS TRANSPORT LTD

Truck Driver Application Form



YOUR PERSONAL DETAILS

| | | | |
|------------------|----------------------------|------------------------------|--|
| Surname: | <input type="text"/> | | |
| First Names: | <input type="text"/> | | |
| Full Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| Contact Numbers: | Home: <input type="text"/> | Mobile: <input type="text"/> | |
| Email Address: | <input type="text"/> | | |
| Date of Birth: | <input type="text"/> | Are you a SMOKER? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

NEXT OF KIN DETAILS

This will be the individual we will try to contact first in the event of an emergency.

Their identity and contact data will be treated in the strictest confidence and we will not contact them except in the event of an emergency.

| | | | |
|------------------|----------------------------|------------------------------|--|
| Name: | <input type="text"/> | | |
| Relationship: | <input type="text"/> | | |
| Full Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| Contact Numbers: | Home: <input type="text"/> | Mobile: <input type="text"/> | |
| | Work: <input type="text"/> | | |

The information you supply in this form will be treated in the STRICTEST confidence

YOUR MEDICAL HISTORY

The role of a HGV driver can include some physical elements i.e. Pulling Curtains, Mounting and Dismounting Trailers and Pulling Full Pallets. Please bear this in mind when answering the following questions:

1. Do you suffer from any allergies or skin conditions that you believe may prevent you from wearing company uniform, PPE clothing or working with certain materials? Yes: ☐ No: ☐

If "YES" please detail:

2. Do you suffer from any medical conditions that may prevent or restrict you from carrying out the role applied for as described in the advert/job description? Yes: ☐ No: ☐

If "YES" please detail:

3. Do you require any reasonable adjustments to be made to the vehicle in order for you to attend an assessment, or for you to carry out the role for the position you have applied for? Yes: ☐ No: ☐

If "YES" please detail:

4. Do you require medication on a regular basis? Yes: ☐ No: ☐

If "YES" please detail, including Condition and associated Medication.

DIGITAL TACHOGRAPH DRIVER CARD DETAILS

Digital Tachograph Driver Card details must be completed as they appear on your card. Failure to complete all sections will result in your application being rejected. Inserting 'Card Applied For', or similar wording, will NOT be accepted.

Valid FROM (4a): Valid TO (4b):

Licence No. (5a):

Card No. (5b):

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YOUR DRIVING LICENCE DETAILS

Please complete the following information as it appears on your driving licence:

Name:

1.

2.

Date of Birth:

3.

Licence Dates:

4a:

4b:

4c:

4d:

Licence No 5:

Licence Address:

8:

Licence Categories:

9:

Country of Issue:

10:

Reverse of Card:

| 9. Category | 10. Valid From | 11. Valid To | 12. Information Codes |
|-------------|----------------|--------------|-----------------------|
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Does your licence carry current endorsements and/or penalty points?

Yes:

☐

No:

☐

If "YES" please detail,

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YOUR DRIVER CPC DETAILS

What Driver CPC Qualifications do you hold? Please list below:

| Module | Date Completed | Expiry Date |
|--------|----------------|-------------|
| | | |
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YOUR DRIVING EXPERIENCE

| | | | |
|--------------|--|-----------------|--|
| 3.5 Ton Van: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | Multi-Drop: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Tankers: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | L/Hand Drive: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Rigids: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | Low Loader: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Tail Lift: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | RDC Deliveries: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Artic: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | International: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Containers: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | Fridges: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Tautliners: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | Walking Floors: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |
| Bulk Tipper: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> | Chipliners: | Often: <input type="checkbox"/> Rarely: <input type="checkbox"/> Never: <input type="checkbox"/> |

Do you have a valid ADR Licence

Yes: ☐ No: ☐

Categories:

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TRAINING AND QUALIFICATIONS

Please detail any qualifications obtained or training undertaken, including the approximate date and Result, for example ADR, Manual Handling etc:

| Subject | Exam/Course | Approximate Date |
|---------|-------------|------------------|
| | | |
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SUPPLEMENTARY INFORMATION

Are you willing to work weekends when required?

Yes: ☐ No: ☐

Do you have any pre-existing commitments which may limit your working hours?
(For instance military reserve, local government etc.)

Yes: ☐ No: ☐

If "YES" please detail:

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

Yes: ☐ No: ☐

If "YES" please detail:

Do you have any pre-existing holidays arranged?

Yes: ☐ No: ☐

If "YES" please detail:

If offered a position, how much notice must you give your current employer?

Have you ever been convicted of any criminal offences?

Yes: ☐ No: ☐

If "YES" please detail:

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YOUR EMPLOYMENT HISTORY

Please give details of your employment history over AT LEAST the last five years, giving your most recent position FIRST and working backwards, explaining clearly ALL gaps in your employment history (if you have insufficient space please photocopy this page and continue on the fresh sheet, attaching it to this form securely).

| | | | | |
|-------------------|----------------------------|--------------------------|--------------------------------------|-------------------------------------|
| Employer/Address: | <input type="text"/> | | | |
| Reference: | <input type="text"/> | Telephone No: | <input type="text"/> | |
| Period: | From: <input type="text"/> | To: <input type="text"/> | Basic Pay: € <input type="text"/> pw | Takehome: € <input type="text"/> pw |

| | | | | |
|-------------------|----------------------------|--------------------------|--------------------------------------|-------------------------------------|
| Employer/Address: | <input type="text"/> | | | |
| Reference: | <input type="text"/> | Telephone No: | <input type="text"/> | |
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DECLARATION

Did you complete this form yourself? Yes: ☐ No: ☐

If "NO" who did?

As a requirement for successful employment as a driver within John Phillips Transport Ltd, it is necessary for us to have access to certain information about you. This will include your driving licence details and as of September 2009, Driver CPC information. Employment offers will be subject to satisfactory references and authorisation from you to access these records.

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 John Phillips Transport Ltd.

| | | | |
|------------------|----------------------|-------|----------------------|
| PRINT Full Name: | <input type="text"/> | | |
| Signed: | <input type="text"/> | Date: | <input type="text"/> |

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