



Elsatrans Ltd

Job Application Form - Driver

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

YOUR PERSONAL DETAILS

Surname:

First Names:

Full Address:

Contact Numbers:

Email Address:

Date of Birth: Are you a SMOKER? Yes: No:

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:

Relationship:

Full Address:

Contact Numbers:

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YOUR MEDICAL HISTORY

The role of a HGV driver some does 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 our company uniform or from 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:

Date of Birth:

Licence Dates:

Licence Address: 8:

Licence Categories: 9:

Country of Issue: 10:

Reverse of Card:

9. Category	10. Valid From	11. Valid To	12. Information Codes

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

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

SUPPLEMENTARY INFORMATION

Are you willing to work weekends when required?

Yes: No:

Are you willing to work Night Shifts 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:

Have you ever worked for Elsatrans Ltd before?

Yes: No:

If "YES" please detail dates(s):

Do you have any pre-existing holidays arranged?

Yes: No:

If "YES" please detail:

If offered a position at Elsatrans Ltd, 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:

Telephone No: Job Title:

Period: Basic Pay: Takehome:

Employer/Address:

Telephone No: Job Title:

Period: Basic Pay: Takehome:

Employer/Address:

Telephone No: Job Title:

Period: Basic Pay: Takehome:

Employer/Address:

Telephone No: Job Title:

Period: Basic Pay: Takehome:

Employer/Address:

Telephone No: Job Title:

Period: Basic Pay: Takehome:

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REFERENCES

Please give details of TWO Referees, BOTH must be previous employers or if still employed, ONE must be your CURRENT 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 Elsatrans Ltd).

REFEREE ONE

Name:

Position: Company:

Full Address:

Contact Numbers:

Email Address:

REFEREE TWO

Name:

Position: Company:

Full Address:

Contact Numbers:

Email Address:

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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 Elsatrans 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 Elsatrans Ltd.

PRINT Full Name:

Signed:

Date:

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